# MINIMUM STANDARDS FOR LOCAL DETENTION FACILITIES

# TITLE 15 – CRIME PREVENTION AND CORRECTIONS
# DIVISION 1, CHAPTER 1, SUBCHAPTER 4

## 2005 PROGRAMS AND PROCEDURES GUIDELINES

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# INTRODUCTION

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## Title 15, California Code of Regulations[1]

These guidelines discuss **Title 15, California Code of Regulations (CCR), the Minimum Standards for Local Detention Facilities.** The regulations addressed in this document relate to facility programs and procedures **(Articles 1-10)**. Articles 8, 9 and 10 specifically address holding juveniles in jails, law enforcement facilities and court holding facilities, respectively.[2] A companion document, **Title 15, Medical and Mental Health, Nutrition and Sanitation Standards**, discusses adult regulations in **Articles 11-14.**

Physical plant regulations found in **Title 24 CCR** are covered in separate guidelines for adult detention facilities. It is important that facility administrators are familiar with these regulations, particularly when considering construction, remodel or renovation. Facility operation is in large part defined by physical plant design. Careful planning during the architectural design phases is inextricably bound with the operational strengths and limitations of the facility. In addition to Corrections Standards Authority[3] (CSA) regulations, other state and federal requirements will have an impact on the physical plant [e.g., fire and life safety regulations in **Titles 24** and **Title 19, CCR;** and, the **Americans with Disabilities Act (ADA)**]. **Penal Code Section 6029** requires the Corrections Standards Authority to review all architectural plans and specifications for detention facility projects in excess of $15,000. The **Title 24** guidelines discuss these requirements in greater detail.

There are many ways to comply with regulations. Guidelines explain the intent of regulations and offer ideas from professionals in facility management, health services, nutrition and sanitation, for consideration by facility administrators, when implementing standards. Guidelines are neither mandatory nor limiting, nor do they cover every possible contingency. They are intended to assist administrators and others in understanding the regulations and applying them to the needs of their particular detention system.

CSA regulations in **Title 15 and Title 24** apply to both public and privately operated facilities. **Penal Code Section 1208** authorizes counties to contract with private firms to operate Type IV work furlough facilities. Additionally, cities can contract with private entities to operate a local detention facility **(Attorney General's Opinion Number 91-104, July 10, 1991)**. **Title 15, Section 1016, Contracts for Local Detention Facilities** discusses the regulatory requirements related to contracts. Laws and regulations governing the operation of local detention facilities apply to both public and private operators **(Penal Code Sections 6031.4 and 6031.6, and, Title 15, Section 1006, Definitions).** There is no authority for privately operated juvenile detention facilities.

[1] There are comparable Title 15 and 24 regulations and guidelines for local juvenile facilities (e.g., juvenile halls, special purpose juvenile halls and camps.

[2] Guidelines for Articles 8, 9 and 10 are also excerpted into a separate document: Regulations for Minors in Adult Facilities.

[3] Effective 7/1/05, the Board of Corrections was renamed the Corrections Standards Authority.

**Title 15, Section 1004, Severability,** provides that if any regulation or portion of a regulation is found to be unconstitutional, contrary to statute or otherwise inoperable, the remaining portions of the regulations are still valid. It is important to stay current with changes in statute and the impact of case law on jail operations. When statute differs from regulation and is more restrictive, statutory requirements prevail over those in regulation. Additionally, case law may impact the CSA's interpretation of a regulation.

**Title 15, Section 1007** enables pilot projects and **Section 1008** authorizes the CSA to grant an alternate means of compliance when certain conditions are met.[4] These options are available for policies that meet or exceed the intent of a particular standard in a unique or innovative manner. These avenues should be pursued with the CSA to implement a practice that deviates from a given regulation, but meets or exceeds the regulatory intent.

Written policies and procedures are necessary for facility operation and are required throughout the regulations. While it may be burdensome to write routine policies and procedures, doing so provides real benefits to the detention system. Written procedures are good management tools and training resources. They document needs for budget requests, provide support in litigation, and give guidance for inspection teams as they review a facility. Written policy and procedures afford clarity and consistent practices. In the long run, they save time, money, confusion, and perhaps, lives. Well written procedures that are not adhered to will neither improve facility safety and operation nor protect the facility from damaging lawsuits. Practice must be consistent with policy and procedures and monitored by management.

Regulations have numerous requirements to inform and communicate with inmates regarding programs, rules and health services. This begins at intake screening and extends through orientation, discipline and providing health services. Non-English speaking inmates, others with language barriers, as well as persons with certain other disabilities, will require special provisions to ensure that they understand the information.

The regulations in **Article 5, Classification and Segregation**, closely relate to several areas in **Article 11, Medical and Mental Health Services. Article 5** addresses: the immediate segregation of inmates with suspected communicable diseases pending a medical evaluation; identification of mentally disordered and developmentally disabled inmates; the use of safety and sobering cells; and the use of restraint devices. These areas have critical components that require compatible medical and custody policies, with close working relationships among health care and custody personnel.

In addition to CSA inspections, **Penal Code Section 6031.1** and **Health and Safety Code Section 101045** also require annual health inspections in all places of detention. This inspection is the statutory responsibility of the local health officer and identifies areas of noncompliance with health care, nutritional and environmental health regulations. Please review the "Introduction" to the **Title 15, Medical and Mental Health, Nutrition and Sanitation Guidelines** for further discussion of the health inspection. Health departments forward their inspections to the CSA, where they become an integral component of assessing compliance with **Title 15** requirements. It is important for health departments to complete their inspection reports in a timely manner and for detention administrators to review the reports and implement

[4] Title 24, Part 1, Sections 13-102(c)7 and 8 allow parallel options for physical plant modifications that meet or exceed the intent of those regulations.

strategies to remedy identified deficiencies. These compliance strategies should be documented in a response to the health inspector, with a copy to the CSA.

Another statutorily required inspection is the fire inspection **(Heath and Safety Code Section 13146.1)**. Effective in 2005, statute shifted from annual inspections to requiring fire inspections of all local detention facilities every two years. While statute requires the State Fire Marshal to conduct the inspection, they typically defer to local fire authorities, which would have primary responsibility to fight any fires in the facility. Regulations require facility administrators to work with their local fire authority to develop emergency plans for fire safety and evacuation. Good working relationships with local fire authorities, with advance planning for emergencies and fire prevention, are essential to operating a safe facility for staff and inmates. For additional information, an instructor's manual, which contains related regulations, is available from CSA website **(www.csa.ca.gov[5]; Fire and Life Safety in Juvenile and Adult Detention Facilities: An Instructor's Manual)**.

CSA staff is available to provide interpretation and assistance when questions arise about the regulations or guidelines. The Corrections Standards Authority website (www.csa.ca.gov) is a resource for information and makes provisions for contacting CSA staff electronically. The website contains both adult and juvenile regulations and their respective guidelines publications. Please contact CSA staff and utilize the website to access information as needed.

[5] If redirected to the master site for the Department of Corrections and Rehabilitation, click on the Corrections Standards Authority link.

ARTICLE 1. GENERAL INSTRUCTIONS

**1004. Severability.**

**If any article, section, subsection, sentence, clause or phrase of these regulations is for any reason held to be unconstitutional, contrary to statute, exceeding the authority of the State Board of Corrections, or otherwise inoperative, such decision shall not affect the validity of the remaining portion of these regulations.**

**Guideline:** While the regulations in **Title 15, CCR**, in conjunction with those in **Title 24, CCR**, are integrated to address all the aspects of the planning, construction and operation of local detention facilities, this section indicates that one or more individual standards may be eliminated without compromising the rest.

Changes in statute and evolving case law can have an impact on regulations. This section provides that if any regulation or portion of a regulation is found: unconstitutional; contrary to statute; beyond the Corrections Standards Authority jurisdiction; or otherwise inoperable, the remaining regulations are still valid. Typically, changes in statute and established case law are incorporated into subsequent regulation revisions.

**1005. Other Standards and Requirements.**

**Nothing contained in the standards and requirements hereby fixed shall be construed to prohibit a city, county, or city and county agency operating a local detention facility from adopting standards and requirements governing its own employees and facilities; provided, such standards and requirements meet or exceed and do not conflict with these standards and requirements. Nor shall these regulations be construed as authority to violate any state fire safety standard, building standard, or health and safety code.**

**Guideline**: These regulations are minimum standards; that is, they establish a baseline for facility operations. Local detention facilities must not be operated at a level lower than that described by the standards, but there is nothing that would preclude a facility from exceeding the standards. Even in those instances in which the standards do not express constitutional minimums, federal courts have historically given great weight to standards and hold facilities accountable for meeting them.

**1006. Definitions.**

**The following definitions shall apply:**

**"Administering medication," as it relates to managing legally obtained drugs, means the act by which a single dose of medication is given to a patient. The single dose of medication may be taken either from stock (undispensed), or dispensed supplies.**

**"Administrative segregation" means the physical separation of different types of inmates from each other as specified in Penal Code Sections 4001 and 4002, and Section 1053 of these regulations. Administrative segregation is accomplished to provide that level of**

**control and security necessary for good management and the protection of staff and inmates.**

**"Alternate means of compliance" means a process for meeting or exceeding standards in an innovative way, after a pilot project evaluation, approved by the Board of Corrections pursuant to an application.**

**"Average daily population" means the average number of inmates housed daily during the last fiscal year.**

**"Board of Corrections[6]" means the State Board of Corrections, which board acts by and through its executive director, deputy directors, and field representatives.**

**"Contact" means communications, whether verbal or visual, or immediate physical presence.**

**"Court Holding facility" means a local detention facility constructed within a court building after January 1, 1978, used for the confinement of persons solely for the purpose of a court appearance for a period not to exceed 12 hours.**

**"Custodial personnel" means those officers with the rank of deputy, correctional officer, patrol persons, or other equivalent sworn or civilian rank whose primary duties are the supervision of inmates.**

**"Delivering medication," as it relates to managing legally obtained drugs, means the act of providing one or more doses of a prescribed and dispensed medication to a patient.**

**"Developmentally disabled" means those persons who have a disability which originates before an individual attains age 18, continues, or can be expected to continue indefinitely, and constitutes a substantial disability for that individual. This term includes mental retardation, cerebral palsy, epilepsy, and autism, as well as disabling conditions found to be closely related to mental retardation or to require treatment similar to that required for mentally retarded individuals.**

**"Direct visual observation" means direct personal view of the inmate in the context of his/her surroundings without the aid of audio/video equipment. Audio/video monitoring may supplement but not substitute for direct visual observation.**

**"Disciplinary isolation" means that punishment status assigned an inmate as the result of violating facility rules and which consists of confinement in a cell or housing unit separate from regular jail inmates.**

**"Dispensing," as it relates to managing legally obtained drugs, means the interpretation of the prescription order, the preparation, repackaging, and labeling of the drug based upon a prescription from a physician, dentist, or other prescriber authorized by law.**

[6] After completion of the public comment period, the Board of Corrections was renamed the Corrections Standards Authority.

**"Disposal," as it relates to managing legally obtained drugs, means the destruction of medication or its return to the manufacturer or supplier.**

**"Emergency" means any significant disruption of normal facility procedure, policies, or activities caused by a riot, fire, earthquake, attack, strike, or other emergent condition.**

**"Emergency medical situations" means those situations where immediate services are required for the alleviation of severe pain, or immediate diagnosis and treatment of unforeseeable medical conditions are required, if such conditions would lead to serious disability or death if not immediately diagnosed and treated.**

**"Exercise" means physical exertion of large muscle groups.**

**"Facility/system administrator" means the sheriff, chief of police, chief probation officer, or other official charged by law with the administration of a local detention facility/system.**

**"Facility manager" means the jail commander, camp superintendent, or other comparable employee who has been delegated the responsibility for operating a local detention facility by a facility administrator.**

**"Health authority" means that individual or agency that is designated with responsibility for health care policy pursuant to a written agreement, contract or job description. The health authority may be a physician, an individual or a health agency. In those instances where medical and mental health services are provided by separate entities, decisions regarding mental health services shall be made in cooperation with the mental health director. When this authority is other than a physician, final clinical decisions rest with a single designated responsible physician.**

**"Health care" means medical, mental health and dental services.**

**"Inmate worker," as used in Articles 8 and 9, means an adult in a jail or lockup assigned to perform designated tasks outside of his/her cell or dormitory, for any length of time.**

**"Jail," as used in Article 8, means a Type II or III facility as defined in the "Minimum Standards for Local Detention Facilities."**

**"Labeling," as it relates to managing legally obtained drugs, means the act of preparing and affixing an appropriate label to a medication container.**

**"Law enforcement facility" means a building that contains a Type I Jail or Temporary Holding Facility. It does not include a Type II or III jail, which has the purpose of detaining adults, charged with criminal law violations while awaiting trial or sentenced adult criminal offenders.**

**"Legend drugs" are any drugs defined as "dangerous drugs" under Chapter 9, Division 2, Section 4211 of the California Business and Professions Code. These drugs bear the legend, "Caution Federal Law Prohibits Dispensing Without a Prescription." The Food and Drug Administration (FDA) has determined because of toxicity or other potentially**

**harmful effects, that these drugs are not safe for use except under the supervision of a health care practitioner licensed by law to prescribe legend drugs.**

**"Licensed health personnel" includes but is not limited to the following classifications of personnel: physician/psychiatrist, dentist, pharmacist, physician's assistant, registered nurse/nurse practitioner/public health nurse, licensed vocational nurse, and psychiatric technician.**

**"Living areas" means those areas of a facility utilized for the day-to-day housing and activities of inmates. These areas do not include special use cells such as sobering, safety, and holding or staging cells normally located in receiving areas.**

**"Local detention facility" means any city, county, city and county, or regional jail, camp, court holding facility, or other correctional facility, whether publicly or privately operated, used for confinement of adults or of both adults and minors, but does not include that portion of a facility for confinement of both adults and minors which is devoted only to the confinement of minors.**

**"Local detention system" means all of the local detention facilities that are under the jurisdiction of a city, county or combination thereof whether publicly or privately operated. Nothing in the standards are to be construed as creating enabling language to broaden or restrict privatization of local detention facilities beyond that which is contained in statute.**

**"Local Health Officer" means that licensed physician who is appointed pursuant to Health and Safety Code Section 101000 to carry out duly authorized orders and statutes related to public health within their jurisdiction.**

**"Lockup" means a locked room or secure enclosure under the control of a peace officer or custodial officer that is primarily used for the temporary confinement of adults who have recently been arrested; sentenced prisoners who are inmate workers may reside in the facility to carry out appropriate work.**

**"Managerial custodial personnel" means the jail commander, camp superintendent, or other comparable employee who has been delegated the responsibility for operating a local detention facility by a facility administrator.**

**"Mental Health Director," means that individual who is designated by contract, written agreement or job description, to have administrative responsibility for the facility or system mental health program.**

**"Non-secure custody" means that a minor's freedom of movement in a law enforcement facility is controlled by the staff of the facility; and**

**(1) the minor is under constant direct visual observation by the staff;**

**(2) the minor is not locked in a room or enclosure; and,**

**(3) the minor is not physically secured to a cuffing rail or other stationary object.**

**"Non-sentenced inmate," means an inmate with any pending local charges or one who is being held solely for charges pending in another jurisdiction.**

**"Over-the-counter (OTC) Drugs," as it relates to managing legally obtained drugs, are medications which do not require a prescription (non-legend).**

**"People with disabilities" includes, but is not limited to, persons with a physical or mental impairment that substantially limits one or more of their major life activities or those persons with a record of such impairment or perceived impairment that does not include substance use disorders resulting from current illegal use of a controlled substance.**

**"Pilot Project" means an initial short-term method to test or apply an innovation or concept related to the operation, management or design of a local detention facility pursuant to application to, and approval by, the Board of Corrections.**

**"Procurement," as it relates to managing legally obtained drugs, means the system for ordering and obtaining medications for facility stock.**

**"Psychotropic medication" means any medication prescribed for the treatment of symptoms of psychoses and other mental and emotional disorders.**

**"Rated capacity" means the number of inmate occupants for which a facility's single and double occupancy cells or dormitories, except those dedicated for health care or disciplinary isolation housing, were planned and designed in conformity to the standards and requirements contained in Title 15 and Title 24.**

**"Regional Center for Developmentally Disabled" means those private agencies throughout the state, funded through the Department of Developmental Services, which assure provision of services to persons with developmental disabilities. Such centers will be referred to as regional centers in these regulations.**

**"Remodel" means to alter the facility structure by adding, deleting, or moving any of the buildings' components thereby affecting any of the spaces specified in Title 24, Section 2-470A.**

**"Repackaging," as it relates to managing legally obtained drugs, means the transferring of medications from the original manufacturers' container to another properly labeled container.**

**"Repair" means to restore to original condition or replace with like-in-kind.**

**"Safety checks" means regular, intermittent and prescribed direct, visual observation to provide for the health and welfare of inmates.**

**"Secure detention" means that a minor being held in temporary custody in a law enforcement facility is locked in a room or enclosure and/or is physically secured to a cuffing rail or other stationary object.**

**"Security glazing" means a glass/polycarbonate composite glazing material designed for use in detention facility doors and windows and intended to withstand measurable, complex loads from deliberate and sustained attacks in a detention environment.**

**"Sentenced inmate," means an inmate that is sentenced on all local charges.**

**"Shall" is mandatory; "may" is permissive.**

**"Sobering cell" as referenced in Section 1056, refers to an initial "sobering up" place for arrestees who are sufficiently intoxicated from any substance to require a protected environment to prevent injury by falling or victimization by other inmates.**

**"Storage," as it relates to legally obtained drugs, means the controlled physical environment used for the safekeeping and accounting of medications.**

**"Supervision in a law enforcement facility" means that a minor is being directly observed by the responsible individual in the facility to the extent that immediate intervention or other required action is possible.**

**"Supervisory custodial personnel" means those staff members whose duties include direct supervision of custodial personnel.**

**"Temporary custody" means that the minor is not at liberty to leave the law enforcement facility.**

**"Temporary Holding facility" means a local detention facility constructed after January 1, 1978, used for the confinement of persons for 24 hours or less pending release, transfer to another facility, or appearance in court.**

**"Type I facility" means a local detention facility used for the detention of persons for not more than 96 hours excluding holidays after booking. Such a Type I facility may also detain persons on court order either for their own safekeeping or sentenced to a city jail as an inmate worker, and may house inmate workers sentenced to the county jail provided such placement in the facility is made on a voluntary basis on the part of the inmate. As used in this section, an inmate worker is defined as a person assigned to perform designated tasks outside of his/her cell or dormitory, pursuant to the written policy of the facility, for a minimum of four hours each day on a five day scheduled work week.**

**"Type II facility" means a local detention facility used for the detention of persons pending arraignment, during trial, and upon a sentence of commitment.**

**"Type III facility" means a local detention facility used only for the detention of convicted and sentenced persons.**

**"Type IV facility" means a local detention facility or portion thereof designated for the housing of inmates eligible under Penal Code Section 1208 for work/education furlough and/or other programs involving inmate access into the community.**

**Guideline**: This regulation establishes definitions for key terms used throughout the regulations. These definitions are also in **Title 24, Part I, Section 13-102** and some are repeated in **Title 24, Part 2, Section 470A**. The definitions apply throughout the standards and are necessary for a common understanding of jail operations, programs, health care, nutrition and design elements. These definitions are the building blocks that help determine the applicability of the standards and create a common frame of reference so that administrators, staff, funding agencies, boards of supervisors, city councils, jail inspectors and others can share a common vocabulary relative to jail issues. These are the "terms of the art" which underlie the **Minimum Standards for Local Detention Facilities.**

While most of the definitions are self-explanatory and should be referred to whenever there is a question about a particular term, certain areas are highlighted below.

Facility/System Administrator: The facility administrator is usually the sheriff, chief of police or other official charged by law with the administration of the facility. In a large system, the facility administrator is likely to be different from the facility manager who is the facility director, superintendent or comparable position. The facility manager has primary operational responsibility for a facility.

Health Authority/Responsible Physician: The health authority is responsible for health care policy and services pursuant to a written agreement or job description. A health authority could be an agency or an individual. If the authority is an agency, there needs to be a medically trained individual at the agency who has responsibility for developing health care policy and who may also administratively manage services. This individual must be accessible to facilities in the detention system. There is a distinction between the health authority and the responsible physician. The responsible physician is a licensed clinician who provides health care services and is the final arbiter of clinical policy and decisions. They may be the same person, but that is not required.

Inmate Workers: As referenced in relation to juveniles held in law enforcement lockups and court holding facilities **(Articles 8 and 9)**, inmate workers include adult inmates who are out of their cells for any length of time to perform designated tasks. This definition enables **Title 15** regulations to be consistent with federal requirements governing the presence of adult inmates when juveniles are detained in the same area. The definition for a "Type I facility" continues to require that an inmate be assigned to perform designated tasks outside his/her cell or dormitory for a minimum of four hours per day (on a five-day schedule) to be considered an inmate worker. With the exception of inmate workers and certain inmates who are held under court order for safekeeping, Type I facilities can only detain persons for 96 hours (after booking and holidays).

Pharmaceutical Management: The terms administering medication, delivering medication, dispensing, disposal, legend drugs, labeling, over-the-counter (OTC) drugs, repackaging, storage, and disposal, are limited to the pharmaceutical management of legally obtained drugs covered in **Section 1216, Pharmaceutical Management**.

Rated Capacity: This describes the housing capacity of a facility based on compliance with all applicable minimum jail standards. Rated capacity (RC) is frequently confused with similar terms such as "design capacity" and "self-rated capacity," neither of which is defined in regulation.

The rated capacity of a facility refers to housing beds for the general inmate population. It does not include: special use cells (e.g., safety cells, sobering cells, or holding/staging cells); housing units for disciplinary isolation; or sheltered housing dedicated to medical and/or mental health units. However, cells and housing units which may be used for a dual purpose depending upon daily circumstances, such as disciplinary isolation or general housing, are included as part of the RC because they can function as general population housing. Dual use cells are often found in modern podular style facilities. Older, linear style jails were generally designed with a specific function for each cell area, making dual use difficult. Administrative segregation housing is considered part of the general population and thus is included in the determination of rated capacity.

Rated capacity calculations are based on the physical plant requirements in effect at the time the facility was designed, or when individual areas are remodeled. There are several different sets of standards that may be applicable, and new ones are added with each regulation revision. The standards for older facilities are found in historical editions of **Title 15**. In 1991, regulations dealing with physical plant standards were moved into **Title 24, State Building Code, CCR**. All standards dealing with either the physical plant or design and submittal issues are now located in **Title 24**. Establishing the rated capacity of a jail may involve multiple standards revisions and issues that should be discussed with CSA staff when there are questions.

Special use cells (e.g., temporary holding, staging, court holding, sobering, and safety cells) are individually rated for the number of inmates held. That capacity, although based on minimum jail standards, does not expand the housing capacity of a jail; therefore, it is not considered part of facility rated capacity. These numbers may be viewed as holding capacity rather than "housing" capacity.

In special studies, such as determining the cost effectiveness of jail construction projects, there may be a need to consider more than rated capacity. The term "design capacity" has been used to measure facilities based on expanded criteria. In this context, "design capacity" comprises all the beds in all housing areas including those specialized units that were omitted in the rated capacity (still omitting special use cells not used for housing, such as: temporary holding, staging, court holding, sobering, and safety cells). "Design capacity" is used in calculating cost per bed and square feet per bed, and may have special meaning during jail design. See **Title 24, Parts 1 and 2.**

Local jurisdictions occasionally use the term "self-rated capacity" This has no reference in regulation and usually refers to the number of temporary beds that have been added to the facility by the facility administrator in response to population pressures. These beds have often created conditions that lead to litigation and court ordered population caps; they are not included in the rated capacity.

The rated capacity does not necessarily reflect constitutional minimums. This capacity is based on regulations that are created by subject-matter experts and typically reflect a mix of what is held to be good practice and case law. Successful pilot projects and changes in case law provide the primary basis for revision of the standards. There is no intent in these regulations to imply that to exceed a rated capacity by "one more" inmate(s), would, in itself, create an unconstitutional condition. Some courts, under specific circumstances, have established

population caps in excess of the RC. Court ordered caps should be regarded as establishing the constitutional limits for housing inmates. Failure to comply with a court ordered cap is the basis of a contempt of court proceeding against a facility administrator. At the same time, a facility may be in compliance with a court order and not comply with minimum jail standards.

Types of Facilities: When determining the appropriate classification (type) for a facility, the administrator must first consider the facility operation. Each type of facility is required to meet a different number of standards, and these standards carry with them varying staffing and training requirements **(Section 1010, Applicability of Standards).** The facility administrator should ultimately make this decision based on the purpose and operation of the facility and a cost/benefit analysis. Generally speaking, the longer inmates are held in a facility and the more complex the facility, the higher the level of staffing and training that is required.

**1007. Pilot Projects.**

**The pilot project is the short-term method used by a local detention facility/system, approved by the Board of Corrections, to evaluate innovative programs, operations or concepts which meet or exceed the intent of these regulations.**

**The Board of Corrections may, upon application of a city, county or city and county, grant pilot project status to a program, operational innovation or new concept related to the operation and management of a local detention facility. An application for a pilot project shall include, at a minimum, the following information:**

**(a) the regulations which the pilot project will affect.**

**(b) Review of case law, including any lawsuits brought against the applicant local detention facility, pertinent to the proposal.**

**(c) The applicant's history of compliance or non-compliance with standards.**

**(d) A summary of the "totality of conditions" in the facility or facilities, including but not limited to;**

- **(1) program activities, exercise and recreation;**
- **(2) adequacy of supervision;**
- **(3) types of inmates affected; and,**
- **(4) inmate classification procedures.**

**(e) A statement of the goals the pilot project is intended to achieve, the reasons a pilot project is necessary and why the particular approach was selected.**

**(f) The projected costs of the pilot project and projected cost savings to the city, county, or city and county, if any.**

**(g) A plan for developing and implementing the pilot project including a time line where appropriate.**

**(h) A statement of how the overall goal of providing safety to staff and inmates will be achieved.**

**The Board of Corrections shall consider applications for pilot projects based on the relevance and appropriateness of the proposed project, the completeness of the information provided in the application, and staff recommendations.**

**Within 10 working days of receipt of the application, Board staff will notify the applicant, in writing, that the application is complete and accepted for filing, or that the application is being returned as deficient and identifying what specific additional information is needed. This does not preclude the Board of Corrections members from requesting additional information necessary to make a determination that the pilot project**

**proposed actually meets or exceeds the intent of these regulations at the time of the hearing. When complete, the application will be placed on the agenda for the Board's consideration at a regularly scheduled meeting. The written notification from the Board to the applicant shall also include the date, time and location of the meeting at which the application will be considered. (The Board meeting schedule for the current calendar year is available through its office in Sacramento.)**

**When an application for a pilot project is approved by the Board of Corrections, the Board shall notify the applicant, in writing within 10 working days of the meeting, of any conditions included in the approval and the time period for the pilot project. Regular progress reports and evaluative data on the success of the pilot project in meeting its goals shall be provided to the Board. If disapproved, the applicant shall be notified in writing, within 10 working days of the meeting, the reasons for said disapproval. This application approval process may take up to 90 days from the date of receipt of a complete application.**

**Pilot project status granted by the Board of Corrections shall not exceed twelve months after its approval date. When deemed to be in the best interest of the application, the Board of Corrections may extend the expiration date for up to an additional twelve months. Once a city, county, or city and county successfully completes the pilot project evaluation period and desires to continue with the program, it may apply for an alternate means of compliance as described in Section 1008 of these regulations.**

**Guideline**: Please see **Section 1008, Alternate Means of Compliance,** as well as **Title 24, Part 1, Sections 13-102 (c)7 and 8** for discussion of **Alternate Means of Compliance** and **Pilot Projects** in the context of facility design and construction. The concepts behind operational requests **(Title 15)** and physical plant requests **(Title 24)** are similar.

Regulations provide practical standards for facility design and operation; however, since there are differences between jurisdictions and new correctional practices may arise, this regulation allows for innovative experimentation with new approaches to meet the intent of these regulations. An approach may take the form of a pilot project, and after completing an evaluation period, may be considered for approval as an alternate means of compliance **(Section 1008).** If the approach proves successful and has statewide applicability, it will be considered for incorporation into regulation during future revisions.

Both the pilot project and the alternate means of compliance require CSA approval; the facility administrator must work with CSA staff to initiate this process. The regulation describes criteria by which the CSA will evaluate the potential project and monitor its effectiveness. To be considered, the department must demonstrate that their proposed approach at least meets or exceeds the intent of the original regulation. Pilot project status is generally granted for a one year development and testing period; however, the CSA, at its discretion, may extend the pilot project timeframe. When a pilot project has successfully completed the period of testing and development, and within 30 days prior to expiration of the pilot, the department may apply for an alternate means of compliance **(Section 1008, Alternate Means of Compliance).**

**1008. Alternate Means of Compliance.**

**The alternate means of compliance is the long-term method used by a local detention facility/system, approved by the Board of Corrections, to encourage responsible innovation and creativity in the operation of California's local detention facilities. The Board of**

**Corrections may, upon application of a city, county, or city and county, consider alternate means of compliance with these regulations after the pilot project process has been successfully evaluated (as defined in Section 1007). The city, county, or city and county must present the completed application to the Board of Corrections no later than 30 days prior to the expiration of its pilot project.**

**Applications for alternate means of compliance must meet the spirit and intent of improving jail management, shall be equal to or exceed the existing standard(s) and shall include reporting and evaluation components. An application for alternate means of compliance shall include, at a minimum, the following information:**

**(a) review of case law, including any lawsuits brought against the applicant local detention facility, pertinent to the proposal.**

**(b) The applicant's history of compliance or non-compliance with standards.**

**(c) A summary of the "totality of conditions" in the facility or facilities, including but not limited to:**

**(1) program activities, exercise and recreation;**

**(2) adequacy of supervision;**

**(3) types of inmates affected; and,**

**(4) inmate classification procedures.**

**(d) A statement of the problem the alternate means of compliance is intended to solve, how the alternative will contribute to a solution of the problem and why it is considered an effective solution.**

**(e) The projected costs of the alternative and projected cost savings to the city, county, or city and county if any.**

**(f) A plan for developing and implementing the alternative including a time line where appropriate.**

**(g) A statement of how the overall goal of providing safety to staff and inmates was achieved during the pilot project evaluation phase (Section 1007).**

**The Board of Corrections shall consider applications for alternate means of compliance based on the relevance and appropriateness of the proposed alternative, the completeness of the information provided in the application, the experiences of the jurisdiction during the pilot project, and staff recommendations.**

**Within 10 working days of receipt of the application, Board staff will notify the applicant, in writing, that the application is complete and accepted for filing, or that the application is being returned as deficient and identifying what specific additional information is needed. This does not preclude the Board of Corrections members from requesting additional information necessary to make a determination that the alternate means of compliance proposed meets or exceeds the intent of these regulations at the time of the hearing. When complete, the application will be placed on the agenda for the Board's consideration at a regularly scheduled meeting. The written notification from the Board to the applicant shall also include the date, time and location of the meeting at which the application will be considered. (The Board meeting schedule for the current calendar year is available through its office in Sacramento.)**

**When an application for an alternate means of compliance is approved by the Board of Corrections, the Board shall notify the applicant, in writing within 10 working days of the meeting, of any conditions included in the approval and the time period for which the alternate means of compliance shall be permitted. The Board of Corrections may require regular progress reports and evaluative data as to the success of the alternate means of compliance. If disapproved, the applicant shall be notified in writing, within 10 working**

**days of the meeting, the reasons for said disapproval. This application approval process may take up to 90 days from the date of receipt of a complete application.**

**The Board of Corrections may revise the minimum jail standards during the next biennial review (reference Penal Code Section 6030) based on data and information obtained during the alternate means of compliance process. If, however, the alternate means of compliance does not have universal application, a city, county, or city and county may continue to operate under this status as long as they meet the terms of this regulation.**

**Guideline**: Please see **Section 1007, Pilot Project,** as well as **Title 24, Sections 13-102 (c) 7 and 8** for discussion of alternate means of compliance and pilot projects in the context of facility design and construction. The concepts behind operational request **(Title 15)** and physical plant requests **(Title 24)** are similar.

The alternate means of compliance is initiated either by applying to the Authority 30 days prior to the conclusion of a pilot project or upon direct application. Typically, projects will have completed an evaluation period as a pilot project prior to going before the Corrections Standards Authority to request a more permanent approval of their alternate approach to the regulation. As with pilot projects, the department must demonstrate that their approach at least meets or exceeds the intent of the original regulation and the focus is on how the pilot project goals were achieved.

An alternate means of compliance is a more permanent authorization for an alternative approach to compliance than the pilot project. Approval is typically considered "permanent" as long as the department implements the approach in the manner approved by the CSA; however, the CSA may determine another timeframe on a case-by-case basis. An alternate means of compliance is granted under an identifiable set of circumstances. If the local agency materially alters the circumstances, the CSA retains the power to vacate the alternate approach for compliance. If the alternate means of compliance approach has universal application, it will be taken into consideration during future regulation revisions.

## ARTICLE 2. INSPECTION AND APPLICATION OF STANDARDS

### 1010. Applicability of Standards.

**(a) All standards and requirements contained herein shall apply to Types I, II, III and IV facilities except as specifically noted in these regulations.**

**(b) Court holding facilities shall comply with the following regulations:**

- **(1) 1012, Emergency Suspensions of Standards or Requirements**
- **(2) 1018, Appeal**
- **(3) 1024, Court Holding and Temporary Holding Facility Training**
- **(4) 1027, Number of Personnel**
- **(5) 1028, Fire and Life Safety Staff**
- **(6) 1029, Policy and Procedures Manual**
- **(7) 1032, Fire Suppression Preplanning**
- **(8) 1044, Incident Reports**
- **(9) 1046, Death in Custody**
- **(10) 1050, Classification Plan**
- **(11) 1051, Communicable Diseases**
- **(12) 1052, Mentally Disordered Inmates**

**(13) 1053, Administrative Segregation**
**(14) 1057, Developmentally Disabled Inmates**
**(15) 1058, Use of Restraint Devices**
**(16) 1068, Access to Courts and Counsel**
**(17) Title 24, Section 13-102(c)1, Letter of Intent**
**(18) Title 24, Section 13-102(c)3, Operational Program Statement**
**(19) Title 24, Section 13-102(c)5, Submittal of Plans and Specifications**
**(20) Title 24, Section 13-102(c)6C, Design Requirements**
**(21) Title 24, Section 470A.2, Design Criteria for Required Spaces**
**(22) Title 24, Section 470A.3, Design Criteria for Furnishings and Equipment**
**(23) 1200, Responsibility for Health Care Services**
**(24) 1219, Suicide Prevention Program**
**(25) 1220, First Aid Kit(s)**
**(26) 1246, Food Serving and Supervision**
**(27) 1280, Facility Sanitation, Safety, Maintenance**

**(c) In addition to the regulations cited above, court holding facilities that hold minors shall also comply with the following regulations:**

**(1) 1046, Death in Custody**
**(2) 1047, Serious Illness of a Minor in an Adult Detention Facility**
**(3) 1160, Purpose**
**(4) 1161, Conditions of Detention**
**(5) 1162, Supervision of Minors**
**(6) 1163, Classification**

**(d) Temporary holding facilities shall comply with the following regulations:**

**(1) 1012, Emergency Suspensions of Standards or Requirements**
**(2) 1018, Appeal**
**(3) 1024, Court Holding and Temporary Holding Facility Training**
**(4) 1027, Number of Personnel**
**(5) 1028, Fire and Life Safety Staff**
**(6) 1029, Policy and Procedures Manual**
**(7) 1032, Fire Suppression Preplanning**
**(8) 1044, Incident Reports**
**(9) 1046, Death in Custody**
**(10) 1050, Classification Plan**
**(11) 1051, Communicable Diseases**
**(12) 1052, Mentally Disordered Inmates**
**(13) 1053, Administrative Segregation**
**(14) 1057, Developmentally Disabled Inmates**
**(15) 1058, Use of Restraint Devices**
**(16) 1067, Access to Telephone**
**(17) 1068, Access to Courts and Counsel**
**(18) Title 24, Section 13-102(c)1, Letter of Intent**
**(19) Title 24, Section 13-102(c)3, Operational Program Statement**
**(20) Title 24, Section 13-102(c)5, Submittal of Plans and Specifications**
**(21) Title 24, Section 13-102(c)6C, Design Requirements**
**(22) Title 24, Section 470A.2, Design Criteria for Required Spaces**
**(23) Title 24, Section 470A.3, Design Criteria for Furnishings and Equipment**
**(24) 1200, Responsibility for Health Care Services**

**(25) 1207, Medical Receiving Screening**
**(26) 1209, Transfer to Treatment Facility**
**(27) 1212, Vermin Control**
**(28) 1213, Detoxification Treatment**
**(29) 1219, Suicide Prevention Program**
**(30) 1220, First Aid Kit(s)**
**(31) 1240, Frequency of Serving**
**(32) 1241, Minimum Diet**
**(33) 1243, Food Service Plan**
**(34) 1246, Food Serving and Supervision**
**(35) 1280, Facility Sanitation, Safety, Maintenance**

**(e) The following sections are applicable to temporary holding facilities where such procedural or physical plant items are utilized.**

**(1) 1055, Use of Safety Cell**
**(2) 1056, Use of Sobering Cell**
**(3) 1058, Use of Restraint Devices**
**(4) 1080, Rules and Disciplinary Penalties**
**(5) 1081, Plan for Inmate Discipline**
**(6) 1082, Forms of Discipline**
**(7) 1083, Limitations on Disciplinary Actions**
**(8) 1084, Disciplinary Records**
**(9) Title 24, Section 470A.2.1 Area for Reception and Booking**
**(10) Title 24, Section 470A.2.3 Sobering Cell**
**(11) Title 24, Section 470A.2.4 Safety Cell**
**(12) Title 24, Section 470A.3.4 Design Criteria for Showers**
**(13) Title 24, Section 470A.3.5 Design Criteria for Beds/Bunks**
**(14) Title 24, Section 470A.3.8 Design Criteria for Cell Padding**
**(15) 1270, Standard Bedding and Linen Issue**
**(16) 1272, Mattresses**

**(f) Law enforcement facilities, including lockups, that hold minors in temporary custody shall, in addition to the previously cited applicable regulations, comply with the following regulations:**

**(1) 1046, Death in Custody**
**(2) 1047, Serious Illness of a Minor in an Adult Detention Facility**
**(3) 1140, Purpose**
**(4) 1141, Minors Arrested for Law Violations**
**(5) 1142, Written Policies and Procedures**
**(6) 1143, Care of Minors in Temporary Custody**
**(7) 1144, Contact Between Minors and Adult Prisoners**
**(8) 1145, Decision on Secure Detention**
**(9) 1146, Conditions of Secure Detention**
**(10) 1147, Supervision of Minors Held Inside a Locked Enclosure**
**(11) 1148, Supervision of Minors in Secure Detention Outside a Locked Enclosure**
**(12) 1149, Criteria for Non-secure Custody**
**(13) 1150, Supervision of Minors in Non-secure Custody**
**(14) 1151, Intoxicated and Substance Abusing Minors in a Lockup**

**Guideline:** To determine whether a facility is a court holding, temporary holding, Type I, II, III or IV facility, review **Section 1006, Definitions** and contact the Corrections Standards Authority if there are further questions. This section identifies which regulations apply to each type of facility. If a facility detains or houses minors, regulations in **Articles 8, 9 or 10** may also apply.

Some regulations do not apply to all facilities, and only a portion of a regulation may apply in some instances. The functions and operations of a facility determine the applicability of the standard.

**1012. Emergency Suspensions of Standards or Requirements.**

**Nothing contained herein shall be construed to deny the power of any facility administrator to temporarily suspend any standard or requirement herein prescribed in the event of any emergency which threatens the safety of a local detention facility, its inmates or staff, or the public. Only such regulations directly affected by the emergency may be suspended. The facility administrator shall notify the Board of Corrections in writing in the event that such a suspension lasts longer than three days. In no event shall such a suspension continue more than 15 days without the approval of the chairperson of the Board of Corrections for a time specified by him/her.**

**Guideline:** An emergency is a significant disruption of normal facility procedure, policy or operation caused by civil disorder, single incident of mass arrest or natural disasters, which requires immediate action to avert death or injury and to maintain security **(Section 1006, Definitions)**. While regulations focus on operating safe and secure facilities, there are circumstances when a facility administrator must vary from established standards in response to emergency situations. Emergencies can be caused by inmates (e.g., a major behavior incident or contagious disease outbreak), by a natural disaster (e.g., fire, earthquake, etc.), or can be based on an immediate need to correct or repair a major facility system (e.g., locking mechanisms, kitchen facilities, etc.). A facility administrator has the ability to address these issues within the parameters of this regulation.

In emergency situations, the administrator may suspend compliance with regulations for up to three days. If the "emergency" continues beyond three days, the administrator must notify the Corrections Standards Authority. As a practical matter, this notification should occur as soon as possible, typically by telephone, with written follow-up as needed. If it appears the emergency will require suspension of regulations for more than 15 days, the facility administrator, working with CSA staff, must obtain the approval of the CSA chairperson.

This regulation is not intended to accommodate a fiscal shortfall. Chronic crowding and inadequate funding to maintain levels of operation required by minimum standards are not reasons to legitimately suspend a regulation under the authorization of this section.

**1013. Criminal History Information.**

**Such criminal history information as is necessary for the conduct of facility inspections as specified in Section 6031.1 of the Penal Code and detention needs surveys as specified in Section 6029 of the Penal Code shall be made available to the staff of the Board of Corrections. Such information shall be held confidential except that published reports may contain such information in a form which does not identify an individual.**

**Guideline**: **Penal Code Section 11105** requires that certain individual criminal history information must be kept confidential and may be released only as provided by law. This regulation authorizes the release of such information to the Corrections Standards Authority for studies and surveys that the CSA is statutorily or otherwise directed to conduct. The CSA is required to maintain this information in a confidential manner.

**1016. Contracts for Local Detention Facilities.**

**In the event that a county, city or city and county contracts for a local detention facility with a community-based public or private organization, compliance with appropriate Title 15 and Title 24 regulations shall be made a part of the contract. Nothing in this standard shall be construed as creating enabling language to broaden or restrict privatization of local detention facilities beyond that which is contained in statute.**

**Guideline**: A community-based provider or private corporation operating a local detention facility must enter into a contract with a governmental entity and agree to abide by all of the standards and requirements in **Title 15 and Title 24**. Without that agreement and contract, a privately operated facility is in violation of the **Penal Code** and **Minimum Standards for Local Detention Facilities**.

Statute and Corrections Standards Authority regulations in **Title 15 and Title 24** apply to both public and privately operated facilities **(Penal Code Sections 6031.4 and 6031.6,** and **Title 15, Section 1006, Definitions). Penal Code Section 1208** authorizes counties to contract with private firms to operate Type IV work furlough facilities. Additionally, cities can contract with private entities to operate a local detention facility **(Attorney General's Opinion Number 91-104, July 10, 1991)**. **Penal Code Section 6031.6** requires that contracts be written, and compliance with the minimum jail standards is a mandatory part of the contract. Further, staff selection and training must comply with regulations for Standards and Training for Corrections (STC) **(Title 15, Subdivision 1, Subchapter 1, Standards and Training of Local Corrections and Probation Officers)**.

**1018. Appeal.**

**The appeal hearing procedures are intended to provide a review concerning the Board of Corrections application and enforcement of standards and regulations in local detention facilities and lockups. A county, city, or city and county facility may appeal on the basis of alleged misapplication, capricious enforcement of regulations, or substantial differences of opinion as may occur concerning the proper application of regulations or procedures.**

**(a) Levels of Appeal.**

**(1) There are two levels of appeal as follows:**

**(A) appeal to the Executive Director; and,**
**(B) appeal to the Board of Corrections.**
**(2) An appeal shall first be filed with the Executive Director.**

**(b) Appeal to the Executive Director.**
**(1) If a county, city, or city and county facility is dissatisfied with an action of the Board of Corrections staff, it may appeal the cause of the dissatisfaction to the Executive Director. Such appeal shall be filed within 30 calendar days of the notification of the action with which the county or city is dissatisfied.**
**(2) The appeal shall be in writing and:**
**(A) state the basis for the dissatisfaction;**
**(B) state the action being requested of the Executive Director; and,**
**(C) attach any correspondence or other documentation related to the cause for dissatisfaction.**

**(c) Executive Director Appeal Procedures.**
**(1) The Executive Director shall review the correspondence and related documentation and render a decision on the appeal within 30 calendar days except in those cases where the appellant withdraws or abandons the appeal.**
**(2) The procedural time requirement may be waived with the mutual consent of the appellant and the Executive Director.**
**(3) The Executive Director may render a decision based on the correspondence and related documentation provided by the appellant and may consider other relevant sources of information deemed appropriate.**

**(d) Executive Director's Decision.**
**The decision of the Executive Director shall be in writing and shall provide the rationale for the decision.**

**(e) Request for Appeal Hearing by Board.**
**(1) If a county, city, or city and county facility is dissatisfied with the decision of the Executive Director, it may file a request for an appeal hearing with the Board of Corrections. Such appeal shall be filed within 30 calendar days after receipt of the Executive Director's decision.**
**(2) The request shall be in writing and:**
**(A) state the basis for the dissatisfaction;**
**(B) state the action being requested of the Board; and,**
**(C) attach any correspondence related to the appeal from the Executive Director.**

**(f) Board Hearing Procedures.**
**(1) The hearing shall be conducted by a hearing panel designated by the Chairman of the Board at a reasonable time, date, and place, but not later than 21 days after the filing of the request for hearing with the Board, unless delayed for good cause. The Board shall mail or deliver to the appellant or authorized representative a written notice of the time and place of hearing not less than 7 days prior to the hearing.**
**(2) The procedural time requirements may be waived with mutual consent of the parties involved.**
**(3) Appeal hearing matters shall be set for hearing, heard, and disposed of by a notice of decision within 60 days from the date of the request for appeal hearing, except in those cases where the appellant withdraws or abandons the request for**

**hearing or the matter is continued for what is determined by the hearing panel to be good cause.**

**(4) An appellant may waive a personal hearing before the hearing panel and, under such circumstances, the hearing panel shall consider the written information submitted by the appellant and other relevant information as may be deemed appropriate.**

**(5) The hearing is not formal or judicial in nature. Pertinent and relative information, whether written or oral, shall be accepted. Hearings shall be tape recorded.**

**(6) After the hearing has been completed, the hearing panel shall submit a proposed decision in writing to the Board of Corrections at its next regular public meeting.**

**(g) Board of Corrections' Decision.**

**(1) The Board of Corrections, after receiving the proposed decision, may:**

**(A) adopt the proposed decision;**

**(B) decide the matter on the record with or without taking additional evidence; or,**

**(C) order a further hearing to be conducted if additional information is needed to decide the issue.**

**(2) the Board, or notice of a new hearing ordered, notice of decision or other such actions shall be mailed or otherwise delivered by the Board to the appellant.**

**(3) The record of the testimony exhibits, together with all papers and requests filed in the proceedings and the hearing panel's proposed decision, shall constitute the exclusive record for decision and shall be available to the appellant at any reasonable time for one year after the date of the Board's notice of decision in the case.**

**(4) The decision of the Board of Corrections shall be final.**

**Guideline**: In most cases, differences of opinion concerning the application of regulations are resolved informally between the jurisdiction, the Corrections Standards Authority inspector, and, if necessary, the inspector's immediate supervisor. When it is not possible to resolve such differences in this manner, this section establishes a process by which concerns can be reviewed by the Executive Director, culminating in a hearing before the appointed Corrections Standards Authority.

## ARTICLE 3. TRAINING, PERSONNEL AND MANAGEMENT

### 1020. Corrections Officer Core Course.

**(a) In addition to the provisions of California Penal Code Section 831.5, all custodial personnel of a Type I, II, III, or IV facility shall successfully complete the "Corrections Officer Core Course" as described in Section 179 of Title 15, CCR, within one year from the date of assignment.**

**(b) Custodial personnel who have successfully completed the course of instruction required by Penal Code Section 832.3 shall also successfully complete the "Corrections Officer Basic Academy Supplemental Core Course" as described in Section 180 of Title 15, CCR, within one year from the date of assignment.**

**Guideline**: Please see **Section 1006, Definitions** to identify which staff requires specific kinds of training. This regulation and others regarding training relate to **Penal Code Sections 6035-6043** and **Title 15, CCR, Standards and Training of Local Corrections and Probation Officers, Articles 1-9**, also known as the STC standards.

The intent of this section is to ensure that all line staff (regardless of job title) who operate or assist in the operation and supervision of a Type I, II, III, or IV facility complete this core training within one year from the date of assignment. Facilities incur significant liability for failure to train when jail staff is inadequately trained, regardless of whether they are full or part-time jailers. For those Type I facilities that have full time employees that perform custody and/or inmate supervision less than fifty-one percent of the time, staff can be designated as "limited participation," in accordance with the STC regulations **(Title 15, Section 102, Definitions)**. These employees only need to complete a one-time core course; annual training would be at the discretion of the administrator. Eligibility issues should be discussed with the STC Division of the Corrections Standards Authority.

**Section 1020, Corrections Officer Core Course,** addresses entry-level staff that has not completed the Peace Officers Standards and Training (POST) Basic Academy Course **(Penal Code Section 832.3)**. It requires that, within one year from date of assignment, all personnel successfully complete the **Adult Corrections Officer Core Course.**

**Section 1020** also references the importance of **Penal Code Section 831.5**, which requires, in part:

> (c) Each person described in this section as a custodial officer shall, within 90 days following the date of the initial assignment to that position, satisfactorily complete the training course specified in Section 832. In addition, each person designated as a custodial officer shall, within one year following the date of the initial assignment as a custodial officer, have satisfactorily met the minimum selection and training standards prescribed by the Board of Corrections pursuant to Section 6035. Persons designated as custodial officers, before the expiration of the 90-day and one-year periods described in this subdivision, who have not yet completed the required training, shall not carry or possess firearms in the performance of their prescribed duties, but may perform the duties of a custodial officer only while under the direct supervision of a peace officer, as described in Section 830.1, who has completed the training prescribed by the Commission on Peace Officer Standards and Training, or a custodial officer who has completed the training required in this section.

**Penal Code Sections 831 and 831.5** provide for untrained personnel to perform duties of a custodial officer only while under the direct supervision of a peace office who has completed the basic POST training or a custodial officer who has completed core training. Departments may need to defend "failure to train" lawsuits and should consult with their county counsel or city attorney to ensure that they remain consistent with statutory requirements.

**Section 1020** allows those custodial personnel who have already completed the basic training required by **Penal Code Section 832.3,** to take the **Adult Corrections Officer Supplemental Core Course** within one year from the date of assignment.

CPR and First Aid: Although not part of the **Adult Corrections Officer Core Course**, cardiopulmonary resuscitation (CPR) and basic first aid must be completed. Additionally, there is no statutory or regulatory requirement that these skills be updated periodically for custodial officers. **Penal Code Section 13518**, which requires updates for police officers and deputy sheriffs, does not apply to custodial officers as defined in **Penal Code Sections 831 and 831.5.** In the absence of a statute or regulation requiring such updates, facility administrators should still consider providing custodial personnel who have responsibility for direct supervision of inmates with CPR and first aid updates consistent with the **Penal Code** requirements for police officers and deputy sheriffs.

**Penal Code Section 4021** and **Title 15, Section 1027, Number of Personnel,** require an appropriately trained female custodial person on duty whenever there is a female in custody.

**1021. Jail Supervisory Training.**

**Prior to assuming supervisory duties, jail supervisors shall complete the core training requirements pursuant to Section 1020, Corrections Officer Core Course. In addition, supervisory personnel of any Type I, II, III or IV jail shall also be required to complete either the STC Supervisory Course (as described in Section 181, Title 15, CCR) or the POST supervisory course within one year from date of assignment.**

**Guideline**: New jail supervisors of Type I, II, III or IV facilities, whether public or private, must complete the 80-hour supervisory course offered through either STC or the Peace Officer Standards and Training (POST) Commission. In effect, this standard recognizes the equivalency of the two courses. In addition, new jail supervisors must complete either the 176 hour course for jailers (56 hours if the appointee has completed the POST Basic Academy Course for peace officers) identified in **Section 1020**, **Corrections Officer Core Course**.

Annual training is required for supervisors during each year that a core module is not attended **[Section 1024; (STC) Section 184]. Section 1021** also recognizes the importance of supervisors having core or supplemental training prior to assuming duties because they will be directly supervising line staff that may or may not have completed core. Supervisors should have at least the minimum training that is required for their staff.

This standard addresses the problem posed when public or private agencies that hire a supervisor who does not have the required basic jail training or experience. An individual matching this scenario would be directed to the 176-hour course (or 56 hours if a peace officer with POST basic training) to assure that the person understands the responsibilities of operating a jail. New supervisors will need to take this training prior to assuming supervisory duties.

**Penal Code Section 6031.6** refers to the legal requirements that must be met by private entities that operate local detention facilities. This statute requires that the private agency or entity select and train its personnel in conformance with the requirements established by the Corrections Standards Authority. **Penal Code Section 6035** is the enabling section of the law that mandates the Corrections Standards Authority to promulgate the training standards. Together, these sections establish the standards mandate and assure that both public and private entities conform to their requirements.

**1023. Jail Management Training.**

**Managerial personnel of any Type I, II, III or IV jail shall be required to complete either the STC management course (as described in Section 182, Title 15, CCR) or the POST management course within one year from date of assignment.**

**Guideline**: This standard requires that new jail managers complete the 80-hour manager/administrator training requirement within one year from the date of assignment. Managers/administrators who need the training include those who are responsible for the development of policies related to the operation of a detention facility and those whose primary responsibility is managing a detention facility, as well as those who directly supervise custody staff.

**Penal Code Sections 631.6** and **6035** reference privately operated local detention facilities and refer to the Corrections Standards Authority standards setting authority; therefore, this regulation applies to privately, as well as publicly operated facilities.

**1024. Court Holding and Temporary Holding Facility Training.**

**Custodial personnel who are responsible for supervising inmates in, and supervisors of, a Court Holding or Temporary Holding facility shall complete 8 hours of specialized training. Such training shall include, but not be limited to:**

**(a) applicable minimum jail standards;**
**(b) jail operations liability;**
**(c) inmate segregation;**
**(d) emergency procedures and planning; and,**
**(e) suicide prevention.**

**Such training shall be completed as soon as practical, but in any event not more than six months after the date of assigned responsibility, or the effective date of this regulation. Eight hours of refresher training shall be completed once every two years.**

**Each agency shall determine if additional training is needed based upon, but not limited to, the complexity of the facility, the number of inmates, the employees' level of experience and training, and other relevant factors.**

**Guideline**: Please see **Section 1006, Definitions,** for the definitions of court holding and temporary holding facilities. The training required in **Sections 1020, 1021, 1023 or 1025** also fulfills the requirement in this section.

The intent of this regulation is to ensure that all custodial staff (regardless of job title), and supervisors of court holding or temporary holding facilities complete at least eight hours of specialized training within six months of assignment, and receive eight hours of refresher training every two years thereafter. This applies to all custodial staff responsible for the care, custody, control and supervision of inmates, regardless of the length of time the activity is performed.

In systems where court and temporary holding staff receive the annual training required by **Section 1025, Continuing Professional Training**, that training meets the eight-hour requirement for the refresher training.

This training may be obtained by attending a specialized course or through in-house training offered within the facility. If offered by in-house instruction, the department must ensure that a course outline and/or lesson plan, a roster signed and dated by those in attendance and the name of the person coordinating the event are on file. This training documentation will be needed to respond to any litigation alleging failure to train staff.

Initial and refresher training maybe delivered during roll call. It is not necessary to provide the training within a single block of time. Delivering this training in combination with emergency preparedness and suicide prevention training is also an option. Facility administrators should evaluate the overall complexity of their operation to determine if additional training should augment the required training topics.

**1025. Continuing Professional Training.**

**With the exception of any year that a core training module is successfully completed, all facility/system administrators, managers, supervisors, and custody personnel of a Type I, II, III, or IV facility shall successfully complete the "annual required training" specified in Section 184 of Title 15, CCR.**

**Guideline:** STC regulations, **Title 15, Section 184, Annual Required Training,** specify annual or "continuing professional" training. The required minimum number of hours is specific to job classifications.

This section applies to all administrators, managers, supervisors and custodial personnel of Types I, II, III, and IV facilities regardless of whether they elect to participate in the STC program. Administrators and managers who meet these criteria include those who are responsible for the development of policies related to the operation of a detention facility and whose primary responsibility is the management of a detention facility as well as those who directly supervise custody staff. Custodial staff are those who have direct responsibility to supervise inmates.

There is no requirement for the specific content of annual training; however, the intent is that training be relevant to the assignment and guided by the department's training plan. During years when staff completes core training required by **Sections 1020, 1021 or 1023**, continuing professional training, as outlined in this regulation, is not required.

**1027. Number of Personnel.**

**A sufficient number of personnel shall be employed in each local detention facility to conduct at least hourly safety checks of inmates through direct visual observation of all inmates and to ensure the implementation and operation of the programs and activities required by these regulations. There shall be a written plan that includes the documentation of routine safety checks.**

**Whenever there is an inmate in custody, there shall be at least one employee on duty at all times in a local detention facility or in the building which houses a local detention facility who shall be immediately available and accessible to inmates in the event of an emergency. Such an employee shall not have any other duties which would conflict with the supervision and care of inmates in the event of an emergency. Whenever one or more female inmates are in custody, there shall be at least one female employee who shall in like manner be immediately available and accessible to such females.**

**Additionally, in Type IV programs the administrator shall ensure a sufficient number of personnel to provide case review, program support, and field supervision.**

**In order to determine if there is a sufficient number of personnel for a specific facility, the facility administrator shall prepare and retain a staffing plan indicating the personnel assigned in the facility and their duties. Such a staffing plan shall be reviewed by the Board of Corrections staff at the time of their biennial inspection. The results of such a review and recommendations shall be reported to the local jurisdiction having fiscal responsibility for the facility.**

**Guideline**: There is no predetermined formula for the number of staff or for the ratio of staff to inmates that must be maintained in a local detention facility. The design and operation of the facility determine the appropriate staffing plan. This standard applies to large, complex facilities and to small holding facilities with very narrow ranges of service. The number of required personnel will be that number which is necessary to perform all the tasks and responsibilities of a facility in compliance with minimum jail standards.

Staffing includes accommodating the issue of cross sex supervision and searches. Pat down searches, strip searches, entering housing units, and issues of inmate privacy versus the employees right to a job are considerations when designing a staffing plan. **Penal Code Section 4021** restricts the ability of a custody person to search or enter into the cell or room of an inmate of the opposite sex. Those restrictions are not universally supported in case law. Based on the need to provide equal work opportunities for female employees, courts have held that while female inmates should not be subjected to "routine" or "random" pat searches by male custody staff, male inmates have not received the same degree of privacy protections from the courts. Holding cells and housing areas that are designed to provide security and inmate modesty around toilet and dressing areas can make staffing in these areas less difficult **(Title 24, Section 470A3.1, Toilets and Urinals)**.

At minimum, there must be at least one staff member on duty that is immediately available and accessible to inmates whenever there is an inmate in the facility. This regulation and **Penal Code Section 4021** require that there is at least one appropriately trained female employee available and accessible when there is a female in custody. Additionally, there must be at least one person on duty at all times who has had fire and life safety training, with specific emphasis to that particular facility. These minimums are generally a concern to small Type I, temporary

holding and court holding facilities that may at times have few, if any, inmates in custody. Once an inmate enters the facility, the responsibility exists to properly staff the facility to the level that it can operate in compliance with minimum jail standards.

The jail administrator/manager has the responsibility to design an appropriate staffing plan and notify the funding jurisdiction of the jail's staffing needs. Staffing needs to be documented for the funding agency and as a defense in the event of litigation. To determine whether or not a jail is adequately staffed, a formal written description of the staffing needs and patterns of the facility must be developed and used to construct a staffing plan. A detailed staffing plan will establish the function and purpose of all existing staff, plus identify any inefficiencies or staffing needs. Staffing patterns and plans should be kept on file in the facility for review as part of the biennial inspection. They should be updated and revised during general facility audits. **Title 24, Part 1, Section 13-102(c) 3, Program Statement,** discusses developing a staffing plan for new facilities. The guideline for that regulation highlights principals that are important for existing facilities, including the necessity of an adequate shift relief factor.

Two very important factors when considering staffing patterns are ensuring that inmate safety checks occur at least hourly and staff training. These two issues are related and training is particularly important for staff with multiple responsibilities. Consider the examples of a dispatcher assigned to a fixed post communications console elsewhere in a building that contains a jail or patrol staff who leaves the building to continue patrol activity. In both examples, the facility does not meet the staffing standard because the staff person is not immediately available to the jail for custodial duties. To meet the standard, staff must be able to respond to the jail and, if necessary, open a cell door to render assistance.

Although the regulation does not include a relief factor, departments should compute and add a relief factor to ensure that the necessary number of qualified staff are budgeted and hired. While it may be necessary in some small agencies, relying on staff who have multiple responsibilities is a questionable practice and should be avoided whenever possible. Personnel with several assignments, such as dispatchers, front desk officers, and shift supervisors may be unable to focus sufficient attention on monitoring inmates and jail operations. If there are no other options, the critical issue is that staff is adequately trained and available to monitor and respond to situations in the jail. The jail policy and procedures manual must delineate that person's priorities, particularly in cases of emergency. Unless the jail can be given first priority, that multipurpose staff person should not be considered jail staff for the purpose of meeting this regulation.

Hourly Safety Checks: This regulation requires documented direct visual supervision of all inmates at least hourly; audio or closed circuit television monitoring may supplement, but not replace these checks. This regulation underscores that staff is the most important security and safety element in a detention facility. Monitoring devices can be an effective and useful supplement to personal visual supervision, but it is through staff's direct observations and interventions that safety, order and control are maintained. It is essential that each jail have sufficient trained personnel to visually observe and supervise all inmates. The intent of the safety check is to account for the presence of the inmate, identify if anything appears out of order and look for signs of observable distress or trauma. This includes looking for indications that the inmate may be ill, injured, involved in an altercation, have attempted suicide or otherwise be in need of assistance.

Safety checks are intended to provide for the health and welfare of inmates **(Section 1006, Definitions).** This means that staff must be able to see each inmate without the aid of audiovisual equipment to assure that he/she is alive and not experiencing any trauma in order to consider that the intent of the regulation is met.

Policy and procedures requiring documented hourly safety check logs are critical. Safety check logs that are pre-printed should not include standard times when checks are scheduled. Actual times of the checks and notations should be hand written on the forms or recorded electronically. This documentation is to be done at the time of the check, not entered for several checks at the end of a shift. Some jurisdictions have adopted automated systems that require use of a reader/swipe card that automatically records the time of the safety check. Regardless of the method used to record safety checks, supervisors must regularly audit the records to ensure staff is following the policy and procedures. Supervisors should be able to identify the date and time of each check and any significant conditions at that time, together with the staff person making the observation.

Documentation of safety checks must be credible. Bound logs that cannot be tampered with are traditional and appropriate. Computerized logs are becoming more common. Managers should review any system for reliability. Can the logs be amended? Are they completed in a timely manner? Are the logs vulnerable to a computer failure? Can the logs be stored easily? Think about these issues and develop policy and procedures that are defensible, accurate and complete. Logs are audit tools for managing a facility and also a key element for defense during litigation. It is not recommended to use pencil for safety checks or to use correction fluid to alter safety checks documented in error. It is recommended that erroneous documentation is deleted using a single strike out

Legal advice provided during several standards revisions indicates that defending local facilities in the event of a lawsuit was appreciably aided when hourly checks were completed and credibly documented. Additional checks are desirable and may be especially warranted under certain circumstances. The needs of each facility are unique based on type of architecture, the inmates being housed and the individual circumstances surrounding the jail. Hourly safety checks can usually be supported for general population inmates. Some inmates may require more frequent checks based on their special problems or if the configuration of the jail includes blind spots or other factors that result in poor inmate visibility. The more frequently staff observes inmates, the more opportunity there is to supervise their activity and intervene when required.

In direct or indirect continuous supervision jails where inmates are in day rooms much of the time, post orders may require continuous presence/observation by staff that has no other responsibilities. Here, it may not be necessary to document the hourly checks of inmates. Where observation of all inmates is ongoing, based on explicit post orders, an appropriate general log, activity log, shift log or control room log can reflect staff time on and off duty. Additional log notations are then used to document shift activity and incidents. However, if some inmates are locked down or out of the sight of the supervising officer, or if they have the option to move in and out of their cells at will, safety checks must be made at least hourly.

If someone other than correctional staff checks on inmates (e.g., medical staff), those observations may be documented and counted among the routine safety checks. When this

approach is used, the policy and procedures must specifically note how these checks are accomplished.

**1028. Fire and Life Safety Staff.**

**Pursuant to Penal Code Section 6030(c), effective January 1, 1980, whenever there is an inmate in custody, there shall be at least one person on duty at all times who meets the training standards established by the Board of Corrections for general fire and life safety. The facility manager shall ensure that there is at least one person on duty who trained in fire and life safety procedures that relate specifically to the facility.**

**Guideline**: Please see **Section 1020, Corrections Officer Core Course; Section 1024, Court Holding and Temporary Holding Facility Training; Section 1029, Policy and Procedures Manual; and Section 1032, Fire Suppression Preplanning** for related material and considerations.

There must be at least one staff member on every shift who is trained in fire and life safety standards established by the Corrections Standards Authority and facility-specific procedures established by the facility manager. Although the regulation requires only one member of the staff on duty to be trained, it is recommended that all facility staff be trained in fire and life safety. The training should include the use of self-contained breathing apparatus if required by the local fire authority or if this equipment is available to staff. Staff should know the location of fire doors, barriers, evacuation procedures and be able to use fire hoses and extinguishers.

The facility manager should consult with the local fire authority for assistance when developing the required training. Core course training modules (**Section 1020, Corrections Officer Core Course**) provide the description, performance objectives and content necessary for handling emergencies such as floods, earthquakes, etc. That training module also covers fire and life safety training. Annual training courses with in-depth fire and life safety curriculum should also be considered. Additionally, the Corrections Standards Authority, in conjunction with the State Fire Marshal, published the documents **Fire and Life Safety in Local Juvenile and Adult Detention Facilities: An Instructor's Manual and Regulations and Guidelines for Construction of Detention Facilities**, which address fire and life safety issues. Copies of these documents are available from the Corrections Standards Authority website (**www.csa.ca.gov**).

**1029. Policy and Procedures Manual.**

**Facility administrator(s) shall develop and publish a manual of policy and procedures for the facility. The policy and procedures manual shall address all applicable Title 15 and Title 24 regulations. Such a manual shall be made available to all employees and shall be updated at least annually.**

**(a) The manual for Temporary Holding, Type I, II, and III facilities shall provide for, but not be limited to, the following:**

**(1) Table of organization, including channels of communications.**

**(2) Inspections and operations reviews by the facility administrator/manager.**

**(3) Policy on the use of force.**

**(4) Policy on the use of restraint equipment.**

**(5) Procedure and criteria for screening newly received inmates for release per Penal Code Sections 849(b)(2) and 853.6, and any other such processes as the facility administrator is empowered to use.**

**(6) Security and control including physical counts of inmates, searches of the facility and inmates, contraband control, and key control. Each facility administrator shall, at least annually, review, evaluate, and make a record of security measures. The review and evaluation shall include internal and external security measures of the facility.**

**(7) Emergency procedures include:**

**(A) fire suppression preplan as required by Section 1032 of these regulations;**

**(B) escape, disturbances, and the taking of hostages;**

**(C) civil disturbance;**

**(D) natural disasters;**

**(E) periodic testing of emergency equipment; and,**

**(F) storage, issue, and use of weapons, ammunition, chemical agents, and related security devices.**

**(8) Suicide Prevention.**

**(9) Segregation of Inmates.**

**The policies and procedures required in subsections (6) and (7) may be placed in a separate manual to ensure confidentiality.**

**(b) The manual for court holding facilities shall include all of the procedures listed in subsection (a), except number (5)**

**(c) The manual for Type IV facilities shall include, in addition to the procedures required in subsection (a), except number (5), procedures for:**

**(1) accounting of inmate funds;**

**(2) community contacts;**

**(3) field supervision;**

**(4) temporary release; and**

**(5) obtaining health care.**

**Guideline**: Please see **Section 1045, Public Information Plan**, and **Section 1206, Medical/Mental Health Procedures Manual** for related information.

A current manual outlines management polices and establishes procedures for staff to follow when providing supervision and implementing the facility programs. The manual is the statement of practice and provides accountability because it describes the basic elements for operating the facility. Each policy should describe:

1. what has to be done;
2. who is to do it;
3. when it is to be done;
4. how it is to be done;
5. who supervises whom; and,
6. who is accountable to whom.

The policy and procedure manual establishes accountability and is a training tool. To be useful in those capacities, the manual must accurately reflect management's intent for what happens in the facility. The National Institute of Corrections document, "Developing/Revising Detention

Facility Policies and Procedures" may be a useful reference and is available on the Corrections Standards Authority website under "publications" **(www.csa.ca.gov)**. Policies and procedures that are not implemented, and manuals that are not made available to staff are of no value when managing the facility, training personnel, or defending against litigation.

This section requires the facility administrator to implement facility policies and procedures that address, at a minimum, all standards applicable to the facility. The manual should contain everything required to efficiently and effectively operate the facility. While it can be helpful to review policies and procedures from other jurisdictions, the manual must relate to the operation of each individual facility.

If the department has only one facility, a single comprehensive manual will be sufficient. The manual may also consist of overall policies and procedures, plus a series of position orders designed to be used at the individual job sites within the facility. In multi-facility systems, differences in construction and facility operations generally make it difficult to apply a single manual to all the facilities. In those instances, there are still several common policies and department-wide procedures that provide organizational consistency.

There are several approaches to design procedures for a multi-facility system. One approach is to develop common policy and procedures for key areas that can be incorporated into the various facility manuals. This allows each facility to operate under its specific policy and procedures manual while providing consistency in key procedures. Another method is to design a single division manual that contains policy and procedures that are utilized by all facilities. This manual is supplemented with individual facility manuals that are designed around the operation and architecture of each facility. Coordination in the design and the need for written procedures is critical in order to ensure that each unit satisfies its operational requirements within the system.

Regardless of the approach used in the design of the manual, staff needs to be aware of policies and procedures and how to use them. The manual must be available to staff in the facility. Providing each staff person with a copy of the manual may be excessive or too costly; however, a current and accurate manual must be available to staff in a location where it is readily accessible.

Policies and procedures must be reviewed at least annually to make sure they are current and appropriate. The facility manager is responsible for review and, when necessary, revision of the manual. There should be a policy and procedure that details how the annual review is accomplished, and how to document that the review occurred and what areas were revised. There should also be a method to incorporated revisions whenever the need arises. Policies and procedures should be dated and signed each time they are revised. It is important that the manual reflects management's intent and that supervisory staff monitor actual practice to assure consistency with written policies and procedures. The manual provides good supporting documentation in the event of litigation, provided it is reflected in actual practice.

In addition to assuring that staff has access to the manual, they should be encouraged to use it. Staff should be trained with respect to facility policies and procedures and briefed to the extent necessary when there are changes. Incorporate the manual into the training of new employees

and test staff on what they know. Staff must be aware that they are accountable for knowing and following the procedures in the manual.

Security Reviews: This section requires the facility administrator to develop and implement written policy and procedures for an annual review of facility security measures. This review must be documented and is valuable for planning, budget requests and responding to lawsuits. It also provides a chronological record of facility security status and will be requested during Corrections Standards Authority inspections. This standard provides for the safety of staff, inmates, and the community by preventing escapes and other incidents. Items included in the security review should be specific and unique to the facility operation, taking into consideration the requirements of the standards. Facility security includes, but is not limited to: contraband; physical counts of inmates; searches; staffing; perimeter security, including fencing and lighting; and vehicle security. The review should examine internal and external security, including: key control; equipment, training; firearms control; ammunition; duress alarm systems; chemical agents; and mechanical restraint devices.

Searches: The regulation requires policies and procedures for searches of the facility and inmates. Strip searches are of particular concern. **Penal Code Section 4030** places restrictions on when an arrestee can be strip-searched. Supervisory presence ensures that searches are carried out in accordance with the law and provides the necessary authorization when required. Facility managers should consult with their county counsel or city attorney when developing and reviewing strip searches.

Emergency Procedures: The facility administrator must develop policies and procedures that allow facility staff to respond appropriately to emergencies. Staff need to know how to respond to an emergency. This includes knowing how to access available resources, movement of inmates and staff, and requirements for documenting events.

The standard also requires policy and procedures for testing emergency equipment. This includes: emergency generators; fire alarms; smoke alarms; flashlights; air-packs (if required or available); hoses; and fire extinguishers. Emergency equipment should be tested monthly and that air-packs tested per manufacturer's requirements.

Storage, issue and use of chemical agents security devices, weapons and ammunition become important issues during an emergency. Staff should be aware of locations of emergency munitions in the event that they are required.

Coordination with responding agencies such as the police, sheriff, fire department, and paramedics is also an important aspect of the emergency plan and procedures. This extends beyond the coordination with the local fire authority, as discussed in **Section 1032, Fire Suppression Preplanning.**

An evacuation plan is a critical component of emergency planning and should include routes of egress, together with transportation of inmates and staff to a secure and safe location. To ensure confidentiality, consideration should be given to placing these policies and procedures in a separate manual.

**1032. Fire Suppression Preplanning.**

**Pursuant to Penal Code Section 6031.1 (b), the facility administrator shall consult with the local fire department having jurisdiction over the facility, with the State Fire Marshal, or both, in developing a plan for fire suppression which shall include, but not be limited to:**

**(a) a fire suppression pre-plan by the local fire department to be included as part of the manual of policy and procedures (15 California Code of Regulations 1029);**

**(b) regular fire prevention inspections by facility staff on a monthly basis with two year retention of the inspection record;**

**(c) fire prevention inspections as required by Health and Safety Code Section 13146.1 (a) and (b) which requires annual inspections;**

**(d) an evacuation plan; and,**

(e) **a plan for the emergency housing of inmates in the case of fire.**

**Guideline:** Facility administrators should consult with their local fire authority to develop a fire suppression pre-plan and monthly inspection schedule. A fire suppression pre-plan gives a fire department an established approach for fighting fire in an institution. Typically the plan will include locations of hydrants, access doors, a map of the facility, etc. The **State Fire Marshal's Regulations,** found in **Title 19, CCR,** recommend the same elements of preplanning as are recommended here and in **Penal Code Section 6031.1**. Since liability increases dramatically if there is failure to comply with this section, it is imperative that proper fire plans are developed and the necessary inspections conducted.

The fire suppression pre-plan element should include, but not be limited to, the following:

1. an indication from the fire department of what the normal fire equipment response will be to a first alarm of fire at the facility;
2. where the rolling stock (e.g., fire engines, trucks, etc.) will be strategically positioned to combat a fire;
3. the locations for fire department access to the secured portion of the facility;
4. personnel assignments to assist the fire department in gaining access to the various secured areas;
5. any internal equipment (e.g., hoses, standpipes, breathing apparatus, etc.) to which the fire department may need access; and,
6. protection of fire fighters, if necessary.

The fire prevention inspection requirement includes maintaining a record of inspections conducted by either the local fire department or the State Fire Marshal as required by **Health and Safety Code Section 13146.1**. These inspections were required annually until 2005 when statute was amended to a two-year inspection cycle. The State Fire Marshal will conduct these inspections unless the local fire chief notifies the State Fire Marshal in writing that they will conduct the required inspection. The purpose of this inspection is to identify hazards that may cause fire or endanger lives, and to ensure their correction so that a "fire clearance" for the facility may be issued by the inspecting agency. This inspection should not be confused with the fire suppression preplan previously discussed. They are separate elements of a good emergency plan.

It is important to document the inspections of internal fire alarms, smoke detectors and other equipment more frequently than when the State or local fire authority conducts the statutorily required inspections. Routine maintenance checks will ensure that the equipment is in proper working order, and could save lives in the event of an emergency. It is the intent of this standard to ensure that juvenile facility staff completes a monthly safety inspection. Areas to be covered in the inspection include: determining if extinguishers need to be serviced; if doors are functioning properly with illuminated exit signs; and ensure that hose nozzles are present.

Facilities need to have emergency procedures in place that outline the steps to be taken during and after a fire, with particular emphasis on emergency housing. The emergency plan must include: floor plans indicating evacuation routes; when and how exit keys are checked; procedures for checking exit locks; locations for housing inmates; location of necessary security equipment; and how emergency transportation is provided. As discussed in **Section 1029, Policy and Procedures Manual**, emergency procedures should be either a separate, easily located section of the manual or a separate document altogether.

## ARTICLE 4. RECORDS AND PUBLIC INFORMATION

### 1040. Population Accounting.

**Except in court holding and temporary holding facilities, each facility administrator shall maintain an inmate demographics accounting system which reflects the monthly average daily population of sentenced and non-sentenced inmates by categories of male, female and juvenile. Facility administrators shall provide the Board of Corrections with applicable inmate demographic information as described in the Jail Profile Survey.**

**Guideline**: Each facility must have a consistent way to gather population information that is relevant to jail operations. Population accounting provides background and trend data by which facility administrators can judge whether additional staff and/or facilities are needed, and can support requests for additional operational funding as well as applications for construction monies.

This regulation requires facilities to submit monthly population data to the Corrections Standards Authority. This is done within ten (10) working days of the end of each month. There is a prescribed reporting format that enables the CSA to develop statewide data on facility populations. This information is used to respond to questions from state and local administrators, the legislature, media and other inquiries. It is valuable in determining and supporting funding needs for construction and renovation.

### 1041. Inmate Records.

**Each facility administrator of a Type I, II, III or IV facility shall develop written policies and procedures for the maintenance of individual inmate records which shall include, but not be limited to, intake information, personal property receipts, commitment papers, court orders, reports of disciplinary actions taken, medical orders issued by the responsible physician and staff response, and non-medical information regarding disabilities and other limitations.**

**Guideline**: Inmate records typically include, but are not limited to: booking; classification **(Section 1050, Classification Plan);** intake; and medical screening **(Sections 1207, Medical Receiving Screening)** forms. The medical receiving screening is both a custody and medical record. It is not a confidential medical record because it is used for classification and for making custody personnel aware of conditions such as disabilities and/or illnesses relevant to custody **(Section 1205, Medical/Mental Health Records)**. The form is often found in both custody and medical records, with additional confidential health care information noted on the record in the medical file.

Under certain circumstances, intake screening will also include information to identify inmates who may be developmentally disabled **(Section 1057, Developmentally Disabled)**. This and other similar information is necessary to make appropriate decisions, particularly with regard to placement in special housing. If there is no place on the intake screening form for this information, there must be separate documentation regarding the basis for decisions related to initial housing. Litigation may arise both from inappropriately placing inmates in special housing or from not placing them there if they require the protection special housing may afford.

While this section mandates that medical orders and medical treatment information be included as part of the inmate's individual record, it does not say where that information should be kept. General information may be included, as part of any inmate's custody record, but confidential medical records may not. All specific medical information and all treatments or interactions covered by doctor/patient privilege and rules of confidentiality must be recorded in a separate medical record. The health authority controls this record **(Section 1205, Medical/Mental Health Records)**. Information from the medical/mental health record is to be shared with custody staff in ways that do not conflict with the confidentiality privilege, whenever such information is important or necessary to the safety of inmates, staff or the facility.

Any jail operation that requires specific management approval can be the subject of administrative review or litigation (e.g., strip searches, body cavity searches, use of the safety cells or restraints, etc.). Thus, records must be maintained to document these events. There is no **Title 15** regulation related to records retention. Facility administrators will want to determine and adhere to city or county records management policy in this regard.

**1044. Incident Reports.**

**Each facility administrator shall develop written policies and procedures for the maintenance of written records of all incidents which result in physical harm, or serious threat of physical harm, to an employee or inmate of a detention facility or other person. Such records shall include the names of the persons involved, a description of the incident, the actions taken, and the date and time of the occurrence. Such a written record shall be prepared by the staff assigned to investigate the incident and submitted to the facility manager within 24 hours of the event of an incident.**

**Guideline**: Incidents which result in physical harm or the threat of physical harm must be documented for the protection of staff and to assist in criminal prosecution or disciplinary action. Additionally, the details of an incident must not be lost in the event that the jurisdiction is challenged. Documentation will provide substantive assistance to staff or administrators who

may be called to testify about an incident months or years after it occurred. Such documentation also serves as quantitative evidence of conditions in a facility and may indicate needs for specialized training or where procedures are not serving the purposes for which they were designed. In order for the documentation to be useful and credible, it must be generated in a timely fashion (within 24 hours of the incident) and kept as part of the jail's records.

The policy and procedures relating to incident reports should include: a definition of "incident," who is responsible for producing the report; what material must be included in the report; and, how the report is reviewed, handled and filed. Incident reports, by their nature relate to other policies and procedures, such as those for use of force and use of restraints.

There is also a difference between an incident report, which is an in-house notation of occurrences, and disciplinary or crime reports. Frequently, discipline reports and crime reports rely on an incident report to establish what occurred. However, not all incident reports result in criminal prosecution or disciplinary actions. It is important to establish a filing system that differentiates between incident reports, crime reports and disciplinary actions. It is not necessary to duplicate the information on two different forms. Where both exist, cross-referencing facilitates retrieval of either one or both.

There are a number of different methods of filing and retaining incident reports. Some facilities retain them in inmate booking jackets; others place them in a facility central incident file. Some use multiple copy forms with copies going to the booking jacket, the central file and the deputy or staff person involved in the occurrence. Where reports are maintained is less important than that the information can be retrieved and used when it is needed.

**1045. Public Information Plan.**

**Each facility administrator of a Type I, II, III or IV facility shall develop written policies and procedures for the dissemination of information to the public, to other government agencies, and to the news media. The public and inmates shall have available for review the following material:**

**(a) The State Board of Corrections minimum standards for local detention facilities as found in Title 15 of the California Code of Regulations.**

**(b) Facility rules and procedures affecting inmates as specified in sections:**

- **(1) 1045, Public Information Plan**
- **(2) 1061, Inmate Education Plan**
- **(3) 1062, Visiting**
- **(4) 1063, Correspondence**
- **(5) 1064, Library Service**
- **(6) 1065, Exercise and Recreation**
- **(7) 1066, Books, Newspapers, and Periodicals**
- **(8) 1067, Access to Telephone**
- **(9) 1068, Access to Courts and Counsel**
- **(10) 1069, Inmate Orientation**
- **(11) 1070, Individual/Family Service Programs**
- **(12) 1071, Voting**
- **(13) 1072, Religious Observance**
- **(14) 1073, Inmate Grievance Procedure**

**(15) 1080, Rules and Disciplinary Penalties**
**(16) 1081, Plan for Inmate Discipline**
**(17) 1082, Forms of Discipline**
**(18) 1083, Limitations on Discipline**
**(19) 1200, Responsibility for Health Care Services**

**Guideline**: A facility's public information plan serves two major purposes. First, it outlines administrative policy relative to public relations dealing with the general public, interested groups, the media and sharing information within the facility. Second, it guides staff in their interactions with the community as well as with inmates. The public information plan should be proactive in promoting inmate awareness and community relations. Most effective public information plans are based on the belief that the more people know, the more cooperative or supportive they are likely to be.

The policy and procedures, which comprise the plan, must clearly guide staff in dealing with the public and the press during routine contacts, as well as in the event of an incident or emergency. When family members are concerned over the well being of an inmate or when reporters from the local media call to get the details of an incident, staff must have direction to follow.

Procedures should be credible and consistent. They must establish who is responsible for dissemination of information, what information is made available, and how it is made available. All calls may be referred to the watch commander or one person on duty at all times who is authorized to talk to the public and press. A facility may also authorize any staff person on duty can answer certain questions. If the press and the public are aware of the facility's policy and public information processes in advance, they will be more likely to cooperate in times of crisis; they will be aware of what they can expect and how it will be provided.

This regulation requires that certain facility rules and procedures are available for public and inmate review. This information includes: a description of the education programs; rules and limits of discipline; access to personal care items for indigent inmates; access to medical, mental health and dental care; and how inmates are oriented to the facility.

One method commonly used to make this information available is to have the specific documents in a binder that is available at the facility's front desk. In those facilities that are required to have a library **(Section 1064, Library Service)**, it is advisable to keep an additional copy in the jail library for use by inmates. The information can also be made available electronically, provided it is accessible to inmates and the public.

Closed circuit television or video can be used for the parts of the public information plan. This may be appropriate for providing information on visiting days and hours, telephone access, etc. This information could be readily available to families of inmates or other members of the public through monitors in the lobby and in the booking area as part of inmate orientation.

Policies, procedures and other information related to security are not intended and should not be included in publicly available material. There is no requirement that an agency disclose information the facility administrator believes to be critical to the safety and security of inmates, staff or the facility. If sections of the policy and procedures manual are made available to

inmates and the public, policies and procedures related to emergency or security matters should be kept in a separate manual.

Moreover, while this regulation says material shall be "available for review," it does not mean the department is responsible to make and distribute copies of every document developed as part of the public information plan. The documents should be available in the detention facility where inmates can read them and other interested parties may review the facility's copy, but jails are not expected to be lending libraries or storehouses of publications. Some facilities, in addition to the material required by this regulation, produce and make available brochures or flyers about the jail. Some departments have speakers' bureaus of available staff and service providers and some produce regular news releases to keep the public aware of the jail's programs, activities and needs.

**1046. Death in Custody.**

**(a) Death in Custody Reviews for Adults and Minors**

**The facility administrator, in cooperation with the health administrator, shall develop written policy and procedures to assure that there is a review of every in-custody death. The review team shall include the facility administrator and/or the facility manager, the health administrator, the responsible physician and other health care and supervision staff who are relevant to the incident.**

**(b) Death of a Minor**

**In any case in which a minor dies while detained in a jail, lockup, or court holding facility:**

**(1) The administrator of the facility shall provide to the Board of Corrections a copy of the report submitted to the Attorney General under Government Code Section 12525. A copy of the report shall be submitted to the Board within 10 calendar days after the death.**

**(2) Upon receipt of a report of death of a minor from the administrator, the Board may within 30 calendar days inspect and evaluate the jail, lockup, or court holding facility pursuant to the provisions of this subchapter. Any inquiry made by the Board shall be limited to the standards and requirements set forth in these regulations.**

**Guideline**: There are several kinds of reviews that are triggered by a death in custody. In addition to the review referenced in this regulation, there is also an immediate review for the purpose of determining the most likely cause of death, the circumstances surrounding it, factors which may have contributed to it, and what emergency procedures might need to be implemented. It is necessary to ask these questions about every death. Even in cases of death by natural causes, sick call or other routine procedures may need closer scrutiny or modification (i.e., had the inmate complained about something in the past, how had the complaint been handled, etc.).

All circumstances surrounding the death should be evaluated from both a health care and custody perspective. The review may also identify areas where the integration of custody and health care policies need improvement. Did health care or custody personnel see the individual prior to his/her death? What was the individual's complaint? What was charted, if anything, on the health care record or in the custody log? What does the coroner's report indicate as the cause of death? Were there any time delays in seeking medical or mental health assistance? All information relative to the death gathered by health care or custody staff should be reviewed.

A review of custody operations and responses will help to determine if policy and procedures need to be modified in light of the circumstances. This review may also indicate deficiencies in training and provide valuable training material to staff in order to better handle similar situations in the future.

The medical review is a thorough assessment of the conditions surrounding an inmate's death. The purpose is to alert the medical delivery system to any weaknesses or failures on its part that may have lead to the death or failed to prevent it. Thus, it is an additional quality control of the facility medical service. This review should be performed after all autopsy and other reports have been received, which could take more time than anticipated, especially if a criminal investigation is being conducted. Nonetheless, the medical review will be inadequate if conducted too soon; it must be a final review and incorporate all previous reports and relevant information.

Typically, the review team should include health care and custody staff who are relevant to the incident, as well as the facility manager, health administrator and responsible physician. Administrators and managers need to be aware of what is occurring in their facility and should either participate directly or designate staff to participate as their representatives, as in any other kind of investigation.

County counsel or the city attorney should be consulted when developing review committee responsibilities, obligations, immunities, and authority in order to ensure the protection of review committee members, the agency and the city or county. Documentation of these reviews should not be taken lightly. The documents are "discoverable" during litigation, and counsel may recommend limiting the review to oral reports, with documentation noting only that the committee met.

**Government Code Section 12525** requires all detention facilities to submit a "death in custody report" to the Attorney General, California Department of Justice (DOJ) within ten (10) days of the death. There are specific DOJ forms for reporting these deaths that is available from that department. (The forms are available on state or federal websites and the State DOJ Criminal Justice Statistics Center can assist in locating the most current documents; **http://www.caag.state.ca.us**). DOJ procedures require that the facility attach the incident report describing the events surrounding the death.

Death of a Minor: **Section (b)** of this regulation requires that a copy of the information going to the DOJ also be forwarded to the Corrections Standards Authority within the 10-day timeframe, and allows the CSA to inspect and evaluate the facility where a minor has died.

Documenting a minor's death and the conditions surrounding it provides assistance to staff and administrators who may be called to testify about an incident months or years after it occurred. This documentation also provides information about conditions in a facility and may indicate where staff needs additional training or where procedures are not serving the purpose for which they were designed.

**1047. Serious Illness or Injury of a Minor in an Adult Detention Facility.**

**The facility administrator shall develop policy and procedures for notification of the court of jurisdiction and the parent, guardian, or person standing in loco parentis, in the event of a suicide attempt, serious illness, injury or death of a minor in custody.**

**Guideline:** This regulation requires that parents or guardians, and court of jurisdiction if the minor is involved in a court proceeding, be notified if the minor attempted suicide, was seriously ill or injured, or died. Policies must define the illnesses and injuries that are included and establish procedures to notify the individuals identified in the regulation. When a high risk minor is transported from the facility for emergency care, it is important that the timing of family notification not alert others in the community who might facilitate an escape or threaten the safety of the minor and/or transporting staff.

## ARTICLE 5. CLASSIFICATION AND SEGREGATION

**1050. Classification Plan.**

**(a) Each administrator of a temporary holding, Type I, II, or III facility shall develop and implement a written classification plan designed to properly assign inmates to housing units and activities according to the categories of sex, age, criminal sophistication, seriousness of crime charged, physical or mental health needs, assaultive/non-assaultive behavior and other criteria which will provide for the safety of the inmates and staff. Such housing unit assignment shall be accomplished to the extent possible within the limits of the available number of distinct housing units or cells in a facility.**

**The written classification plan shall be based on objective criteria and include receiving screening performed at the time of intake by trained personnel, and a record of each inmate's classification level, housing restrictions, and housing assignments.**

**Each administrator of a Type II or III facility shall establish and implement a classification system which will include the use of classification officers or a classification committee in order to properly assign inmates to housing, work, rehabilitation programs, and leisure activities. Such a plan shall include the use of as much information as is available about the inmate and from the inmate and shall provide for a channel of appeal by the inmate to the facility administrator. An inmate who has been sentenced to more than 60 days may request a review of his classification plan no more often than 30 days from his last review.**

**(b) Each administrator of a court holding facility shall establish and implement a written plan designed to provide for the safety of staff and inmates held at the facility. The plan shall include receiving and transmitting of information regarding inmates who represent unusual risk or hazard while confined at the facility, and the segregation of such inmates to the extent possible within the limits of the court holding facility.**

**Guideline:** Classification ensures the appropriate housing and programming of inmates and is intended to maintain the security of the facility and the safety of inmates and staff. The classification plan must be defensible in litigation, so it should be based on objective criteria and

be uniformly understood and applied. The requirement for objective criteria does not necessarily require a "point system;" rather, it means the information on which classification is based is repeatable, documented and substantive, as opposed to subjective and arbitrary. Information for classification is gleaned from the receiving screening, intake observations, record checks and any other appropriate sources available for use in classification.

A facility's classification plan should consider:

1. the physical layout of the facility;
2. the security levels available in the facility;
3. the programs available;
4. the criteria used for classification;
5. the appeal process for both staff and inmates;
6. the time frames for periodic review and reclassification;
7. the composition and training of the classification staff and the facility divisions they represent; and,
8. other personnel issues such as who makes classification decisions and the lines of communication for classification information.

Some facilities manage their classification systems with formal input from probation, medical and mental health staff and personnel from inmate programs; others use only custody staff. This regulation requires that medical receiving screening information be available for consideration during classification. As discussed in reference to **Section 1207, Medical Receiving Screening,** the screening can be done by health care or trained custodial staff. Guidelines for **Section 1205, Medical Records,** describes that, while the receiving screening form is included in the medical record, it is also part of the custodial record. Some larger facilities may utilize licensed health care staff to complete the initial intake screening. When this occurs, it does not necessarily imply that the screening document is a confidential medical record. The purpose of the screening is to detect problems that might require immediate referral to an emergency room or hospital for a clearance, might require segregation or separation within the facility for safety reasons, or might influence classification and housing. If health care staff completes the screening and if the form itself is not forwarded to custody, then information needed for proper classification, housing and management must be communicated to custody.

A classification system is largely based on the purpose and capability of the facility. When properly designed, the potential for violence, staff/inmate confrontations and subsequent lawsuits are reduced and security is enhanced. The expense of planning and administering a classification system is more than returned to the facility by the creation of an improved environment, a lower rate of injuries to staff and inmates, lower medical costs and a reduction in time spent in defending the facility in court.

Required Separations: **Penal Code Sections 4001 and 4002** establish requirements to segregate certain classes of inmates. There is flexibility within **Section 4002** that permits mixing pretrial and sentenced inmates based on the existence of a classification system. The expectation is that the classification system will establish segregation requirements based on the resources of the facility and the need to segregate specific groups of inmates. As the complexity of jails and range of programs increase, the need for a more sophisticated classification system also increases.

The existence of a classification system does not permit male and female inmates to perform certain functions (e.g., sleep, dress, undress, and bathe) in the same room. Male and female inmates may, but are not required, be together for other programs. The ability to program male and female inmates together allows facility managers to use program resources more effectively and to increase the number of programs available to females in custody. When commingling male and female inmates, it is important that there be appropriate staff supervision.

The classification system should separate sophisticated inmates from the less criminally sophisticated, the violent from the nonviolent and the passive from the aggressive inmates. In addition, the classification system should: assist in identifying security risks; address any special physical or mental health needs; safeguard those requiring protective custody and those who may become victims to assertive and assaultive inmates; and identify those eligible for facility programs.

Persons with physical disabilities and medical and mental health needs do not necessarily require separation from other inmates. An individualized approach should be taken to accommodate inmates with disabilities, allow for access to medical and mental health clinicians and address considerations that may affect their safe housing with other inmates. Custody staff should use the inmate's behavior, rather than diagnostic labels or vague concerns as the basis for classification decision-making. There is a wide range of factors to take into account. Classification staff should work closely with health care personnel to establish routine sharing of relevant and available information.

Very Small and Short-Term Facilities: The complexity of the classification system is dependent on the purpose and operation of the jail. If a facility holds inmates for only a short period of time and then transports, the classification system might be as simple as describing who it holds and who it transfers as well as who must be separated while they are being kept.

Particularly in Type I and temporary holding facilities, it is essential that the classification plan clearly articulate the types of inmates who will not be held or housed in the facility based on the jail's purpose and available resources. For example, a jail cannot house people who are seriously inebriated if it doesn't have a sobering cell **(Section 1056, Use of Sobering Cell)**; it cannot hold people who demonstrate violent behavior that is a treat to self or others, if it does not have a safety cell or staff to control violent prisoners **(Section 1055, Use of Safety Cell)**.

The smaller the jail, the fewer cells that are available to separate inmates from each other. In a facility with only one cell, there will be occasions when inmates are brought in who cannot be housed in the same cell. The classification system and the policy and procedures will need to be clear about which inmates will be housed and who will be transported. Additional considerations for small jails include providing separation between: crime partners; predators and victims; and members of rival gangs. In addition, those with communicable diseases must be housed separately.

Court Holding Facilities: This regulation requires that classification information must be transmitted with inmates going to court so that those facilities receive, hold and return inmates to jail safely. Court holding facilities do not need overly complex classification systems; they do, however, need a plan for receiving classification information and separation of inmates to the extent possible within the limits of the facility. For example, if an inmate is being held in

protective custody or if inmates from rival gangs are being taken to court at the same time, the court holding facility must know these facts to hold and transport these people appropriately.

The court holding facility must also transmit any information that could affect an inmate's classification at the receiving jail. Likewise, when a prisoner is remanded to custody by the court, any available classification information should be passed on to transportation staff and the receiving jail.

It is critical that a process be developed to share classification information. In some instances this could require coordination between two different bureaus or divisions of an agency (i.e., court services/transportation and detention), so it will be important for the two department heads or bureau chiefs to get together on the plan.

Minors in Adult Facilities: There are specific regulations and codes that govern the holding and housing of minors in adult jails, court holding facilities and law enforcement facilities that contain a jail or lockup. Please see **Articles 8, 9 and 10 of these regulations** and **Welfare and Institutions Code (WIC) Sections 207.1, 208 and 707.1**.

**1051. Communicable Diseases.**

**The facility administrator, in cooperation with the responsible physician, shall develop written policies and procedures which require that all inmates with suspected communicable diseases shall be segregated until a medical evaluation is completed. To determine if such segregation shall be made in the absence of medically trained personnel at the time of intake into the facility, an inquiry shall be made of the person being booked as to whether or not he/she has or has had any communicable diseases or has observable symptoms of communicable diseases, including but not limited to, tuberculosis, other airborne diseases, or other special medical problem identified by the health authority. The response shall be noted on the booking form and/or screening device.**

**Guideline:** Please see the regulations and the guidelines to: **Section 1029, Policy and Procedures Manual; Section 1050, Classification Plan; Section 1206, Health Care Procedures Manual; Section 1206.5, Management of Communicable Diseases in a Custody Setting; and Section 1207, Medical Receiving Screening** for additional information relevant to this regulation.

The segregation decisions called for in this regulation are to be made immediately after custody staff has reason to suspect that an inmate may have a communicable disease. This is a short-term decision intended to keep the inmate from having further contact with the general population until medical staff have had an opportunity to complete an evaluation. In facilities where inmates remain for more than a few hours, the facility manager will make long-term housing decisions based on the **Classification Plan (Section 1050)** after the medical evaluation.

This regulation applies to all jails, although the application in court holding facilities will be more limited than in other types of facilities. Court holding facilities will not typically conduct an intake screening; however, if they have reason to suspect an inmate remanded from court or awaiting a court appearance has a communicable disease, they will need to separate that person from others. In temporary holding and Type I facilities without medical staff, the policy and procedures will most likely call for transport to the county jail or another appropriate facility, such as a hospital emergency

room, for medical assessment.

If there is any question about whether an inmate has a communicable disease or not, the person should be treated as if he or she has the disease. The decision to initially separate an inmate who might have a contagious disease is likely to be made by the facility manager, or the designated officer in charge, prior to obtaining a medical evaluation. This policy for temporary separation should be overly cautious rather than not cautious enough; "standard precautions" must be in place at all times.

Policies need to specify how the facility deals with communicable diseases and what steps staff is to take when an inmate is identified as, or is suspected of, having an illness. The intake officer, trained in medical receiving screening pursuant to **Section 1207**, **Medical Receiving Screening,** must ask questions and document observable symptoms on the medical screening form to determine if a person is or might be ill. Staff observations and questions regarding symptoms, such as coughs, fevers, rashes and weight loss, as well as responses to questions about past and current communicable diseases are useful indicators of possible illness.

Although it is always helpful when an inmate is already aware of having a communicable disease, it is also important to maintain a high index of suspicion when symptoms and signs suggest the possibility of undiagnosed infections. The communicable disease management plan **(Section 1206.5, Management of Communicable Diseases in a Custody Setting)** and related training should alert booking staff to respond to key observations and information with appropriate precautions, even though the actual diagnosis is the responsibility of medical staff. In coordination with the local health officer, the communicable disease management plans for Type II, III, IV facilities, should also identify profiles of inmates that may be at high risk for a particular communicable disease. In keeping with facility policy, a decision must be made to transfer, house or segregate the inmate. Where there is a time lag between the intake and medical evaluation, staff must be clear about what to do with, and where to temporarily house, people who have or may have communicable diseases.

Facilities should not hold inmates who pose medical or mental health problems that they are not equipped to handle. Policies must identify the inmates who are not accepted for booking **(Section 1200, Responsibility for Health Care Services)**. If the facility is not able to separate an inmate who is or might be ill from other inmates, transport must occur. Policy and procedures should identify where an inmate may be transported (e.g., the county hospital or a Type II facility). When a facility has 24-hour medical staff on duty, the policy should describe the roles of custody and medical personnel when an inmate is suspected to have a communicable disease. If medical staff is not on duty at all times, the policy should describe inmate housing and management pending medical screening and evaluation.

In the case of airborne diseases, provision must to be made to assure that the ventilation system does not spread the disease throughout the facility. The options for both this immediate separation and long-term housing are limited in many facilities. [7] Policies and procedures should be developed in consultation with the facility's health authority and the local health officer to

[7] Separation alone does not prevent the spread of communicable diseases such as tuberculosis. Appropriately designed respiratory isolation cells are best placement of suspected cases of active tuberculosis pending completion of the medical evaluation.

identify the best available options.[8] Depending upon the circumstances, options may include masking the inmate, negative pressure rooms, HEPA filters, UV lights and external venting to the outside.

Transfer of medical information must occur when an inmate is transported to another facility (see the guideline to **Section 1206, Health Care Procedures Manual**). In instances where the inmate has undergone only booking and preliminary classification, information may be limited to the **medical receiving screening** information **(Section 1207)**, not the results of a full medical evaluation, which would include confidential medical information **(Section 1206(n)** and **Section 1205, Medical/Mental Health Records)**.

**1052. Mentally Disordered Inmates.**

**The facility administrator, in cooperation with the responsible physician, shall develop written policies and procedures to identify and evaluate all mentally disordered inmates. If an evaluation from medical or mental health staff is not readily available, an inmate shall be considered mentally disordered for the purpose of this section if he or she appears to be a danger to himself/herself or others or if he/she appears gravely disabled. An evaluation from medical or mental health staff shall be secured within 24 hours of identification or at the next daily sick call, whichever is earliest. Segregation may be used if necessary to protect the safety of the inmate or others.**

**Guideline:** Please see the regulations and the guidelines to: **Section 1050, Classification Plan; Section 1055, Use of Safety Cell; Section 1058, Use of Restraint Devices; Section 1206, Health Care Procedures Manual; Section 1207.5, Special Mental Disorder Assessment; Section 1208, Access to Treatment; Section 1209, Mental Health Services and Transfer to Treatment Facility;** and **Section 1210, Individualized Treatment Plans**.

The intent of this regulation is that inmates with suspected mental disorders, who are a potential danger to themselves or others or appear to be gravely disabled are promptly evaluated and, if clinically indicated, transferred to an appropriate psychiatric treatment facility. Although mental disorders are often evident at the time of initial booking, inmates may become symptomatic at any stage of incarceration. Regardless of the time of presentation, significantly disordered behavior should be evaluated promptly, within twenty-four hours at the latest. The facility administrator should work with the responsible physician to develop policies and procedures for implementation. Not all jails have the resources to make diagnoses of mental disorders; therefore, if there is reason to suspect a mental disorder, policies and procedures should clearly direct that a transfer occurs to a facility which has staff appropriately trained in mental health. The legal basis for accomplishing transfer to another facility for evaluation and treatment is described under **Section 1209, Mental Health Services and Transfer to Treatment Facility**. It is important that appropriately trained mental health professionals work with medical and custodial staff to determine how best to respond.

The current fiscal climate has diminished the number of appropriate places to which mentally disordered offenders can be transferred. Nonetheless, the jail manager must make every effort to transfer mentally disordered inmates to appropriate treatment facilities and should document the efforts to implement such a transfer, whether it is successful or not.

[8] When there are not alternative options to custody and the inmate stays in custody, the facility manager needs to have screening and classification systems that identify them and protect them from abuse in the general population.

Despite this regulation, many mentally ill people remain in jails, often due to the unavailability of an appropriately secure treatment facility in the community. When there are not alternative options and the inmate stays in custody, the facility manager needs to have screening and classification systems that identify them and protect them from abuse in the general population or injuring themselves or others. It is not always necessary to transfer a mentally disordered inmate for evaluation or treatment. If properly trained mental health staff can come to the jail to evaluate an inmate and can establish an effective outpatient treatment plan that does not require admission to a psychiatric facility, the inmate can then appropriately remain the custody setting.

The segregation of mentally disordered inmates should be based on behavioral factors, not solely on the existence of a psychiatric diagnosis. Not all inmates suffering from a mental disability need to be in special, protected housing. Inmates with mental disorders vary greatly in their capacity to protect themselves. However, those who lack the ability to protect themselves are subject to becoming victims and need to be in special housing that provides a sheltered living environment. Not all mentally disordered inmates are a danger to themselves or others. This regulation discriminates between those who appear violent and those who appear to be gravely disabled;[9] the latter being people who lack the ability to provide clothing, food and shelter for themselves and, in the jail context, may be unable to take advantage of those items as provided.

**1053. Administrative Segregation.**

**Except in Type IV facilities, each facility administrator shall develop written policies and procedures which provide for the administrative segregation of inmates who are determined to be prone to: escape; assault staff or other inmates; disrupt the operations of the jail, or likely to need protection from other inmates, if such administrative segregation is determined to be necessary in order to obtain the objective of protecting the welfare of inmates and staff. Administrative segregation shall consist of separate and secure housing but shall not involve any other deprivation of privileges than is necessary to obtain the objective of protecting the inmates and staff.**

**Guideline:** Administrative segregation is a tool afforded facility administrators to maintain order, safety and security of the jail. It provides an opportunity to protect a potential victim, isolate a potential predator or to control an inmate or group of inmates that display the propensity to disrupt the proper operation of the jail. In the case of a disruptive inmate, alternative corrective action, such as counseling, should be considered prior to opting for increased segregation. The purpose of administrative segregation is not, and must not be confused with punishment or discipline **(Section 1081, Plan for Inmate Discipline)**.

While the facility administrator controls administrative segregation, it must not be used in an arbitrary manner. The regulation is silent, but existing case law points to the need for some level of due process. An interview with the inmate to advise him/her of the placement and provide the opportunity to respond would be appropriate, together with a means for the inmate to "grieve" the decision. Administrative segregation is subject to the grievance process **(Section 1073, Inmate Grievance Procedure)**. The facility administrator and/or classification committee

[9] The term gravely disabled is defined in the Welfare and Institutions Code, Section 5000 (the Lanterman-Petris-Short Act) and is used throughout statute.

should review the status of inmates in administrative segregation regularly to confirm whether the segregation continues to be appropriate and necessary.

Administrative segregation may include restricting privileges as necessary. The restrictions should correspond to: the need for segregation; the limits of the facility; and, the reasons for placement in administrative segregation. The situation should be avoided where there is no fundamental difference between administrative segregation and disciplinary housing. When administrative segregation is used as pre-disciplinary housing pending a disciplinary hearing, that decision must be based on the need to segregate rather than an attempt to limit privileges pending a hearing. In this instance, it means that the inmate's conduct was serious enough that it was not safe or appropriate to remain in general housing. Utilize only those restrictions necessary to maintain the security and order of the facility pending disciplinary procedures as required by **Section 1081, Plan for Inmate Discipline**.

Some inmates may request administrative segregation, generally for their own protection. Administrative segregation is often used to accomplish protective custody. Whether the inmate requests it or when there is reason to believe such custody is warranted, the decision is a jail management responsibility. It is important to document the reasons for placement in administrative segregation and, if a request for placement in protective custody/administrative segregation is denied, it is equally important to document the reasons for that decision as well. Segregation separates the inmate from the general population and staff should be especially attentive to signs of depression and/or suicide risk.

**1054. Administrative Removal - Type IV Facility.**

**In Type IV facilities, the facility administrator shall develop written policies and procedures which provide for the administrative removal of an inmate for the safety and well being of the inmate, the staff, the program, the facility, and/or the general public. Such removal shall be subject to review by the facility administrator on the next business day.**

**Guideline:** In order to protect both the facility and the public, administrators of Type IV (work furlough) facilities must have the discretion to remove individuals from the program if they may pose a danger to themselves, others in the facility, or the community. If it has been determined that an inmate must be removed from the program, the facility administrator must document the reason(s) for removal and be prepared to explain and defend the rationale for this action.

There are reasons other than public safety that might trigger removal from a Type IV facility. For instance, chronic health problems that cannot be adequately addressed in or by the facility, rendering the inmate unable to go to work or school daily, are among the criteria that could be grounds for removal.

**1055. Use of Safety Cell.**

**The safety cell described in Title 24, Section 2-470A.2.5, shall be used to hold only those inmates who display behavior which results in the destruction of property or reveals an intent to cause physical harm to self or others. The facility administrator, in cooperation**

**with the responsible physician, shall develop written policies and procedures governing safety cell use and may delegate authority to place an inmate in a safety cell to a physician.**

**In no case shall the safety cell be used for punishment or as a substitute for treatment.**

**An inmate shall be placed in a safety cell only with the approval of the facility manager, the facility watch commander, or the designated physician. Continued retention in a safety cell shall be reviewed a minimum of every eight hours. A medical assessment shall be completed within a maximum of 12 hours of placement in the safety cell or at the next daily sick call, whichever is earliest. The inmate shall be medically cleared for continued retention every 24 hours thereafter. A mental health opinion on placement and retention shall be secured within 24 hours of placement. Direct visual observation shall be conducted at least twice every thirty minutes. Such observation shall be documented.**

**Procedures shall be established to assure administration of necessary nutrition and fluids. Inmates shall be allowed to retain sufficient clothing, or be provided with a suitably designed "safety garment," to provide for their personal privacy unless specific identifiable risks to the inmate's safety or to the security of the facility are documented.**

**Guideline:** Please see the regulations and guidelines to **Title 24, Section 470A.2.5, Safety Cell** for a description of the design and equipment that are appropriate for safety cells. **Title 24, Section 13-102(c) 2, Needs Assessment Study** and **Section 13-102(c) 3, Program Statement** address the initial determination of whether a facility will have safety cells, and **Title 15, Section 1052, Mentally Disordered Inmates** discusses the importance of policies and procedures to identify and evaluate mentally disordered inmates.

Facilities are not required to have a safety cell. A safety cell is needed if inmates meeting the criteria outlined in this regulation are held in the facility. If the facility does not have one, there must be clear policy and procedures to refuse admittance of inmates needing the cell and managing those who develop a need for the cell after admission. While it is preferable to transfer inmates who are a danger to themselves or others to another facility, many mental health units are not equipped to handle persons who also have criminal behavior that makes them a security concern. In these instances the jail becomes the facility of last resort.

Safety cells are a source of litigation and many problems. The facility administrator must carefully monitor their construction, operation and management. The purpose of this regulation is to control the use of the safety cell and avoid the extensive liability that occurs from using the cell for the wrong inmates, under the wrong conditions or without the necessary safeguards. The facility administrator must work with the responsible physician to develop policy and procedures for the appropriate use of safety cells, as there are medical and mental health ramifications related to their use. Both a facility's **Policy And Procedure Manual (Section 1029)** and, if the facility provides medical/mental health care, the **Health Care Procedures Manual (Section 1206)**, must describe the appropriate use of these cells. Care should be taken to assure that custodial and health care policies do not conflict.

Only one inmate can be held in a safety cell, and placement requires management approval prior to placement. Policy and procedures must designate who has this responsibility. The only exception to prior approval is in the most volatile of circumstances. In these instances, staff may place the inmate in a safety cell while obtaining approval in order to keep the inmate or others from being injured. Approval for use of the safety cell can come from the facility manager, the watch commander or, if the facility manager has explicitly delegated the authority, from a

designated physician (not necessarily the "responsible physician"). Delegating safety cell placement authority to a physician is permissive, and must be done by the facility manager if it is to occur.

The safety cell is to be used to segregate and protect those inmates who display behavior that indicates they are a danger to themselves or others and require close observation. It may also be used for inmates who display behavior resulting in destruction to property. It is not to be used for "attitude adjustment" or discipline and neither is it a substitute for treatment. The safety cell is also not a sobering cell and is not intended that purpose **(Section 1056, Use of Sobering Cell)**. Errors in judgment due to inexperience and poor supervision can create substantial risk to the local jurisdiction when safety cells are misused.

Five (5) kinds of inmate checks are required for safety cell use. First, every inmate in a safety cell must be directly observed at least twice in every 30-minute period. The intervals of the checks within the 30-minute period should vary; they should not be on a routine schedule the inmate can predict, but often enough that staff can assure inmate safety. Observation by closed circuit television (CCTV) cameras can be used to supplement, but not replace, the required direct visual observation by staff (**Title 24, Section 470A.2.22, Audio Monitoring System**).

Second, inmates must have a documented review for continued retention in safety cells at least every eight hours. The intent is that this review be done by the facility manager, watch commander or designated physician, whoever is identified by policy as having the placement authority. At this review, the determination must be made whether the inmate can be safely removed from the safety cell. It is recommended that this determination be clearly documented. Consideration should also be given to availability of other options to control the disordered behavior. Staff responsible for this eight-hour review should solicit input from those providing the ongoing supervision, when deciding if the inmate can be released. It is the clear intention of this regulation that inmates should be removed from the safety cell as soon as it is safe to do so. No inmate should be retained in a safety cell longer than is necessary for the protection of the inmate or others. It is not intended as a long-term housing option.

Third, within 12 hours of placement in the safety cell, each inmate must have a medical assessment to determine whether he or she has serious medical conditions that are being masked by the aggressive behavior. Some acting out behavior may be symptomatic of serious or life threatening illnesses. This regulation requires that medically trained staff examine the inmate at the next daily sick call, but no more than 12 hours after placement in the safety cell and the intent is that this will be a personal, face-to-face evaluation.

Fourth, the inmate must be medically cleared for retention every 24 hours after the initial assessment.

Fifth, a mental health evaluation must occur within 24 hours of placement in the safety cell to determine the inmate's need for mental health services and their suitability for retention in the safety cell.

All checks must be documented, with actual time recorded, along with any pertinent observations of the inmate's behavior. Any actions taken should also be noted on the log. These logs should be monitored by the facility manager or other designated supervisor to assure entries

are consistently and accurately recorded. An example of a safety call log is provided in **Appendix A**.

The fact that an inmate is placed in safety cell does not change any of the personal hygiene needs or nutritional requirements. Procedures should address these basic issues such as providing an opportunity to wash hands or even bathing when circumstances warrant (although inmates will not typically be in safety cells long enough for bathing to become an issue).

Inmates in safety cells must be provided all the necessary food and fluids. Inmates in safety cells are likely to have unusually high fluid replacement needs because of elevated physical exertion. Because there is no access to water inside the cell, specific staff procedures must be established to accommodate these needs. Paper plates, cups and other non-hazardous materials lessen the risks in addressing the fluid and nutritional needs of safety cell inmates.

While some inmates may use their clothing to harm themselves, it is not acceptable to routinely deprive inmates in safety cells of all clothing. The complete removal of clothing must be individualized and based on clear justification that retention of the clothing represents a risk to the safety of the individual or the security of the facility. If a decision is made to remove clothing, consideration should be given to substituting a suitably designed safety garment or safety blanket. These garments are preferable to nudity both in terms of managing the inmate and allowing the individual some dignity and privacy. Nothing in this regulation is intended to limit the ability to remove shoes, shoelaces, belts or other external garments that could threaten the inmate's safety or be used to damage the cell padding.

**1056. Use of Sobering Cell.**

**The sobering cell described in Title 24, Section 2-470A.2.4, shall be used for the holding of inmates who are a threat to their own safety or the safety of others due to their state of intoxication and pursuant to written policies and procedures developed by the facility administrator. Such inmates shall be removed from the sobering cell as they are able to continue in the processing. In no case shall an inmate remain in a sobering cell over six hours without an evaluation by a medical staff person or an evaluation by custody staff, pursuant to written medical procedures in accordance with Section 1213 of these regulations, to determine whether the prisoner has an urgent medical problem. Intermittent direct visual observation of inmates held in the sobering cell shall be conducted no less than every half hour.**

**Guideline:** Please see the regulations and guidelines to **Title 24, Section 470A.2.4, Sobering Cell** for a description of the design, furnishings and equipment that are appropriate for sobering cells. **Title 24, Section 13-102(c) 2, Needs Assessment Study** and **Section 13-102(c) 3, Program Statement** address the initial determination of whether a facility will have sobering cells. **Title 15, Section 1213, Detoxification Treatment** provides operational and medical requirements related to inmates who are inebriated or under the influence of other substances.

Jails are not required to have sobering cells; however, if they do not, there must be policies and procedures describing where inmates addressed by this regulation will be transported for suitable housing and treatment. If intoxicated males and females are booked or held at the same time, provision must be made for separate housing in an appropriately designed cell. More than one

sobering cell may be needed, unless there is provision in policy to transfer one or the other to another location.

At intake, the jail must distinguish between several levels of intoxication to make appropriate decisions related to the intake and housing of inebriated inmates. Some inmates may be intoxicated to some level, but are not a threat to their own safety or the safety of others due to their state of intoxication. These inmates may not need to be placed in a sobering cell. However they should be observed for a sufficient length of time to validate the decision that they do not require time in a sobering cell.

Other inmates will be intoxicated enough to meet the safety criteria of this regulation and will need the "sheltered" environment of a sobering cell until they sober up sufficiently to be moved through the booking process and on to general housing. Those inmates that show signs of, or there is evidence of, extreme intoxication or the ingestion of large quantities of alcohol, require immediate emergency medical treatment prior to handling them at the jail. Finally, some inmates will need long-term detoxification under supervision of appropriate medical staff. These inmates will require a referral to an appropriate alcohol/drug program after they are sober and have been processed into housing.

To be held in a sobering cell, the inmate must be conscious, respond to simple commands, have no difficulty breathing and not appear to be acutely ill or have apparent injuries. In order to be allowed to "sober up" in the sobering cell, inmates must be able to respond verbally to stimulation and walk to the cell with minimal assistance. When in doubt about an inmate's suitability for placement in the sobering cell, obtain a medical assessment as soon as possible.

"Detoxification" has a different meaning for medical professionals and for most lay people. Detoxification is the medical process for extended treatment beyond the initial period of "sobering up" or "drying out," both of which occur in jails. The sobering cell functions only as a closely monitored sobering station. It is not a place where inmates should be held if they have life threatening withdrawal symptoms, nor is it the place for long-term detoxification, which must occur in medical or general housing areas, under proper medical attention and monitoring. Policies and procedures must guide the decisions that will determine where these inmates will be held.

The facility administrator is responsible to develop policies and procedures governing the use of the sobering cell. This should be done in cooperation with the responsible physician, as there are significant medical concerns that need to be taken into consideration. **Section 1213, Detoxification Treatment**, requires that the responsible physician develop policies and procedures to alert staff to people who are too inebriated, or medically too fragile, to be admitted to the detention facility, but should be referred immediately to a medical facility. Additionally, **Section 1213** requires the responsible physician to develop policies and procedures related to longer-term, clinical detoxification.

Often an arresting officer will have performed an initial assessment to determine whether to bring an offender to the jail or to take him or her to a detoxification or other medical facility; however, alcohol toxicity may mask other medical conditions. The receiving or booking officer at the jail must be extremely careful when assessing the condition of the person prior to accepting him or her, and also during the booking and screening process. Policy and procedures

should encourage booking staff to enlist the assistance of medical personnel in this early processing as soon as questions or concerns arise.

Staff who receive and/or book inmates must be trained to observe their condition and to look beyond the charges for which individuals are brought to the jail. Not all inebriated people need the protection of the sobering cell. Also, not all those who should be placed in the cell are immediately identifiable as inebriated. In some instances the ingestion may have been so recent that the impact of alcohol or other drugs may not be immediately evident. Staff should visually screen each arrestee to ensure the person is not ill or injured in some way; the inmate may, or may not, be able to cooperate with the **Medical Receiving Screening (Section 1207)**, so it will fall to staff to make an initial determination of suitability for placement in the sobering cell based on visual observation, rather than entirely by the information received from the inmate. If the inmate is admitted to the facility, but the medical receiving screening and **Classification Procedures (Section 1050)** cannot go forward due to the inmate's apparent inebriation, the inmate must be closely monitored in the sobering cell and removed to continue with the processing as soon as it is possible to do so.

Incompatible people cannot be housed together in sobering cells; however, when the booking process cannot be completed due to the state of intoxication, staff may not be aware that they are incompatible. This is another reason for careful and frequent monitoring of inmates in sobering cells. Sober inmates should be removed from the sobering cell as soon as possible, to reduce the likelihood of fights occurring in the cell.

It is essential to provide direct visual observation for inmates in sobering cells at least every half hour, or more frequently if necessary. This intermittent, direct visual observation is the best method to promptly identify signs of deteriorating medical conditions (i.e., the inmate is less easily aroused, there is a decreasing ability to follow simple commands, the inmate has difficulty breathing, the inmate appears acutely ill). Because some drug and alcohol related illnesses are potentially life threatening, monitoring inmates in sobering cells is especially important, as is training for both medical and custodial personnel in recognizing mild to moderate intoxication, more serious intoxication, withdrawal and deteriorating conditions. Jail staff should be alert for inmates who may have ingested large quantities of alcohol just prior to arrest.

Each half hour observation should include:

1. Observation of the inmate's breathing to determine that breathing is regular. Breathing should not be erratic nor indicate that the person is having difficulty breathing. Loud, heavy snoring sound in respiration is an indication of difficulty in breathing.
2. Observation of the inmate to ensure that there has been no vomiting while sleeping. Ensuring that intoxicated persons remain on their side rather than on their back will prevent aspiration of stomach contents.
3. An arousal attempt to ensure that the person will respond to verbal or pressure stimulation. This is the most important monitoring procedure for jail staff in non-medical settings. If unable to obtain verbal response to stimulation, the officer must go in and attempt to arouse the person to assess consciousness.

Observation by closed circuit television (CCTV) can be used to supplement, but not replace, the required direct visual observation by staff **(Title 24, Section 470A.2.22, Audio Monitoring System)**.

This regulation requires a documented medical evaluation if an inmate is to remain in a sobering cell more than six hours. This evaluation can be done by medical staff or by custody staff, pursuant to medical procedures. **Appendix B** is an example assessment for custody to monitor an inmate's recovery or deterioration in a facility that does not have 24-hour medical staff. The intent of this check is to determine if the inmate's condition is improving and/or if there may be an underlying condition that may require medical attention. If the inmate does not show signs of improvement (not just "sleeping it off") within six hours, there may be other medical considerations, which need to be addressed. If a facility has medical staff on duty, it is most defensible for them to conduct the evaluation themselves.

All checks must be documented, with actual time recorded by the person doing the check, along with any pertinent observations of the inmate's behavior. Any actions taken should also be noted in the log. These logs should be monitored by the facility manager or other designated supervisor to assure entries are consistently and accurately recorded. An example sobering cell log is provided in **Appendix C**.

There are various methods to document regular observations of inmates in sobering cells. There can be one log for each sobering cell or logs can be maintained for each individual. Logs may be kept electronically or manually. The intent is to check everyone in a sobering cell on a regular basis and document each of those observations so on-duty staff, as well as supervisory and management staff, can ensure that the checks are being made and can respond to changing conditions.

**1057. Developmentally Disabled Inmates.**

**The facility administrator, in cooperation with the responsible physician, shall develop written policies and procedures for the identification and evaluation of all developmentally disabled inmates.**

**The health authority or designee shall contact the regional center on any inmate suspected or confirmed to be developmentally disabled for the purposes of diagnosis and/or treatment within 24 hours of such determination, excluding holidays and weekends.**

**Guideline:** Please see the regulation and guideline to **Section 1206, Health Care Procedures Manual** and **Section 1050, Classification Plan**.

Developmental disabilities may be due to mental retardation, cerebral palsy, epilepsy, autism or a combination of disabilities **(Section 1006, Definitions, Developmentally Disabled).** Regardless of the cause, inmates who have, or are suspected of having, developmental disabilities should be separated from the general population pending assessment to prevent their being victimized by potential predators.

The facility administrator, together with the health authority or responsible physician, should develop policies that assure that anyone with suspected developmental disabilities is segregated when the person's safety would be jeopardized in the general population. Although not all those

with developmental disabilities require segregation, inmates with developmental disabilities are often highly susceptible to assaults and abuse. The facility's screening and classification systems **(Section 1050, Classification Plan)** must identify individuals with developmental disabilities and house them appropriately. The presence of a known or suspected developmental disability constitutes a "special need," which requires consideration in classification.

While often confused with psychiatric disorders, developmental disabilities are characterized by limitations of intellectual capacity that tend to remain fairly stable over the lifetime of the individual. While they may have limited comprehension and sometimes child-like behavior, developmentally disabled individuals do not typically experience hallucinations, disorganized or delusional thinking.

Despite their limitations, people with developmental disabilities may have excellent social skills that may camouflage areas of difficulty. While developmentally disabled persons are vulnerable to predatory behavior, caution should be exercised with respect to arbitrarily intermixing them with mentally ill inmates, as they may not necessarily prove compatible. Such housing decisions should be individualized.

Since most jails do not have medical staff with specific training in diagnosing developmental disabilities, Regional Centers for the Developmentally Disabled are to be notified within 24 hours, excluding weekends and holidays, so appropriately trained staff will be able to make the diagnosis and determine eligibility for services. The directory of regional centers is available on the Internet at **www.dds.ca.gov.** If it is not possible to meet the 24-hour deadline, you should call and send a follow-up letter to the regional center as soon as possible advising the center that the jail has a developmentally disabled person in custody. It is likely that the inmate is already a client of the regional center and could be provided services by the center while in custody, as well as when they return to the community. Facility administrators need to be aware that there may be a significant time lag between notification and response from the regional center; thus, the immediate and continuing responsibility of the jail manager must be to provide for the inmate's safety while efforts are made to identify appropriate services. The regional center is under no obligation to respond to referrals from the jail.

If not already on the regional center caseload, a developmentally disabled inmate must meet the criteria for admission, as outlined in **Section 1006, Definitions**. If the regional center does not accept an inmate, they have an appeal process through the Client's Rights Office of each center, through which custody or health care staff can initiate on the inmate's behalf.

In the interests of these inmates and the continuation of effective jail operations when developmentally disabled inmates are among the population, detention facilities should develop ongoing working relationships with their local regional center and provide in-service training for correctional and health care staff on developmental disabilities.

Temporary holding and Type I facilities generally do not detain inmates long enough to contact and get a response from regional centers and often cannot make an assessment of an inmate's developmental disability. Personnel in those facilities can only pass on their suspicions or observations to the long-term facility at the time of transfer. The information should include whether or not the regional center has been notified. This information should be available to

both the custody and medical staff of the receiving facility so that proper segregation and medical/mental health care can occur.

**1058. Use of Restraint Devices.**

**The facility administrator, in cooperation with the responsible physician, shall develop written policies and procedures for the use of restraint devices and may delegate authority to place an inmate in restraints to a physician. In addition to the areas specifically outlined in this regulation, at a minimum, the policy shall address the following areas: acceptable restraint devices; signs or symptoms which should result in immediate medical/mental health referral; availability of cardiopulmonary resuscitation equipment; protective housing of restrained persons; provision for hydration and sanitation needs; and exercising of extremities.**

**Restraint devices shall only be used on inmates who display behavior which results in the destruction of property or reveal an intent to cause physical harm to self or others. Restraint devices include any devices which immobilize an inmate's extremities and/or prevent the inmate from being ambulatory. Physical restraints should be utilized only when it appears less restrictive alternatives would be ineffective in controlling the disordered behavior.**

**Inmates shall be placed in restraints only with the approval of the facility manager, the facility watch commander, or the designated physician. Continued retention in restraints shall be reviewed a minimum of every two hours. A medical opinion on placement and retention shall be secured as soon as possible, but no later than four hours from the time of placement. The inmate shall be medically cleared for continued retention at least every six hours thereafter. A mental health consultation shall be secured as soon as possible, but in no case longer than eight hours from the time of placement, to assess the need for mental health treatment.**

**Direct visual observation shall be conducted at least twice every thirty minutes to ensure that the restraints are properly employed, and to ensure the safety and well-being of the inmate. Such observation shall be documented. While in restraint devices all inmates shall be housed alone or in a specified housing area for restrained inmates which makes provision to protect the inmate from abuse. In no case shall restraints be used for discipline, or as a substitute for treatment.**

**The provisions of this section do not apply to the use of handcuffs, shackles or other restraint devices when used to restrain inmates for security reasons.**

**Guideline:** Please see the regulations and guidelines to: **Section 1052, Mentally Disordered Inmates; Section 1055, Use of Safety Cell;** and **Section 1206, Health Care Procedures Manual**.

The use of restraints is a very complex issue, fraught with liability and posing potential for injury to inmates. Restraints are to be applied only on those inmates who display behavior that results in the destruction of property or reveals an intent to cause physical harm to self or others. Restraints are not to be used for discipline. They are to be used only when less restrictive ways of controlling the inmate's dangerous behavior have failed or appear likely to fail.

There is a distinction between the use of force and the use of restraints. Use of force is an immediate means of overcoming resistance to control the threat of imminent harm to self or

others; use of restraints is a more sustained, prolonged intervention. It is sometimes difficult to determine when use of force ends and application of restraints begins. Force is a custody/law enforcement function; application of restraints for more prolonged periods of time requires greater emphasis on medical concerns and involvement of medical staff. This differentiation is based on the perspective that aggressive behavior, which does not have underlying medical or mental health causes, can be dealt with swiftly and definitively by custody staff. These inmates will reach a decision point where their behavior comes under control relatively quickly. More prolonged behavior disturbances may be symptomatic of underlying psychological or medical problems that require specific intervention and monitoring.

This regulation addresses the use of restraints that are applied because control over the inmate's behavior cannot be maintained through less restrictive means. Shackles and handcuffs are generally used as security restraints or in conjunction with use of force; they should be avoided as restraint devices in favor of devices designed for safer use over more prolonged periods of time.

This regulation does not address use of force policy and specifically states that it does not apply to force used for security reasons. This is not to say that there are not liability and injury concerns related to the use of force; however, custodial staff frequently must temporarily restrain an inmate to gain control of a situation. This custodial restraint has its own set of issues, exemplified perhaps, by the problems related to hog-tying and positional asphyxia. Additionally, many of the medical concerns related to the prolonged use of restraints can also apply to the shorter-term use for security and gaining immediate control. Facility administrators should regularly review both their use of restraints and use of force policies to assure that policy is followed and restraint equipment is properly utilized and monitored.

There are medications that serve as chemical restraints to control behavior **(Section 1006, Definitions, Psychotropic Medication** and **Section 1217, Psychotropic Medications)**. These can only be prescribed and administered by appropriately licensed medical staff. Additionally, there are environmental restraints such as safety cells **(Section 1055)**. This regulation speaks specifically to physical restraints. Physical restraints are devices that immobilize an inmate's extremities and/or limit physical mobility; examples include soft ties, padded belts and cuffs and restraining chairs or boards. Restraints specifically manufactured for the purpose of restraining such persons safely should be used. Restraints should not be confused with postural supports, which may be required for other medical reasons, and neither should this regulation be interpreted to impose a restriction on the use of handcuffs, shackles or other devices to restrain inmates for security or transportation purposes. In determining whether you are appropriately meeting the intent of this regulation, how, for what purpose and under what circumstances restraint devices are applied are more significant factors than the kind of device or equipment used.

Several facilities use a specifically designed "restraint chair." This technology is regarded as useful, but issues related to these chairs have not yet been fully defined by either custody or medical practitioners. Some designs involve handcuffing an inmate's hands behind their back before strapping them into the chair, while other designs allow strapping the arms and hands down the side of the torso and chair or on an "arm rest," where they are visible to staff. Both have reported potential for circulatory restriction resulting in injury. The use of these chairs

requires specific policy and procedures, whether incorporated into the use of force policy or used for the longer-term application of restraints referenced in this standard.

Excluding short-term use of force to gain immediate control, placing an inmate in restraints requires management approval prior to taking action. Approval for putting an inmate in restraints can come from the facility manager, the watch commander or, if the facility manager has explicitly delegated the authority, from a designated physician. Delegating placement authority to a physician is permissive, and must be done by the facility manager. If delegated to a physician, the language does not preclude the facility manager or watch commander from making the decision to place an inmate in restraints. Medical assessment and input is required for their continuing use.

The facility administrator, in conjunction with the responsible physician, must develop policy and procedures for the appropriate use of restraint devices. The responsible physician must be involved in creating these policies and procedures because use of physical restraints carries numerous medical and mental health risks that require close monitoring. A partial listing of these risks includes: neurological or muscular injury; circulatory impairment; dehydration; exhaustion, especially as it relates to the dangers of struggling; respiratory and cardiac collapse; fractures; kidney damage; strangulation; aspiration, especially if an inmate is restrained on his or her back; failure to diagnose a serious underlying medical condition; and the possibility of exacerbating the mental condition. Policies must be consistent with both medical and custody considerations and reflect the actual operation of the facility. Both the **Policy And Procedure Manual (Section 1029)** and the **Health Care Procedures Manual (Section 1206**) should address the appropriate use of restraint devices. Care should be taken to assure that custodial and health care policies do not conflict.

Policy and procedures should address exercising the extremities of inmates in restraints. Rather than specify what are medically known as "range of motion" procedures in the regulation, the intent is for the jail manager and responsible physician to develop procedures that fit with the types of restraints used in the particular facility or system. Procedures, practices and staff training should outline the range of motion procedures in detail as they relate to specific restraints and circumstances. Current California mental health regulations require range of motion exercise of alternating extremities a minimum of ten (10) minutes every two (2) hours **(Title 9, Section 784.37)**. Arguably, extremity exercise policies may vary for sedate versus struggling inmates.

Local policy and procedures must identify signs and symptoms that should result in an immediate medical/mental health referral. Again, the responsible physician must be instrumental in developing these, as medical and mental health backgrounds are necessary to identify the range of behaviors and signs that an inmate has a significant medical or mental health problem. Some of the conditions that may prompt use of restraints or result from use of restraints are potentially life threatening and must be dealt with by properly trained medical/mental health personnel as soon as they are identified.

The fact that an inmate is placed in restraints does not change the requirements for food and hydration; inmates in restraints must be provided all the necessary food and fluids and provision must be made to accommodate their toileting needs. Additionally, each facility that holds inmates in restraints must have access to, and policy and procedure addressing the availability of,

cardiopulmonary resuscitation equipment. Further, the facility's emergency evacuation plan must consider the special needs of inmates who have no mobility due to restraints.

There are five (5) kinds of checks that must be performed whenever an inmate is held in restraints. First, staff must conduct and document direct visual observations at least twice in every 30 minutes. The checks should not occur on a routine schedule which the inmate can learn to anticipate, but should be often enough for staff to assure inmate safety.

Second, inmates must have a documented review for continued retention in restraints at least every two (2) hours. These two-hour time frames are decision-making points. The specific determination to continue an inmate in restraints is left to the facility manager, watch commander, or designated physician. Staff responsible for this 2-hour review should solicit input from those providing the on-going supervision and monitoring, when deciding if the inmate can be released from restraints.

Third, as soon as possible, but within four (4) hours of placement in restraints, the inmate must have a medical assessment to determine whether he or she has a serious medical condition which is being masked by the aggressive behavior. Some acting out behavior may be symptomatic of serious or life threatening illnesses. Thus, it is imperative that medically trained staff examines the inmate as soon as possible, but not more than four hours after being placed in restraints. Given the liability and medical ramifications of long-term restraints, inmates should not be restrained in facilities where a medical assessment cannot be accomplished within four hours. The intent is that this medical assessment would be a personal, face-to-face evaluation.

Fourth, the inmate must be medically cleared every six (6) hours after the initial medical assessment to determine the appropriateness of continuing restraints.

Fifth, as soon as possible but within eight (8) hours of placement in restraints, the inmate must be evaluated by a mental health professional to assess whether or not the inmate needs immediate and/or long-term mental health treatment. While it is advisable for the mental health assessment to occur as quickly as possible, not all jails have mental health resources immediately available. Slightly more time is allowed for this evaluation because the inmate has already been subject to medical evaluation and has had regular custody and medical review for retention.

All checks must be documented, with actual time recorded by the person doing the observation, along with any pertinent observations of the inmate's behavior. Any actions taken should also be noted in the log, which may be similar to the example provided for safety cell monitoring **(Appendix A)**. These logs should be monitored by the facility manager or other designated supervisor to assure entries are consistently and accurately recorded. The logs should provide the necessary information for the facility manager to evaluate and determine when there is no longer a need to continue the use of restraints.

Included in this standard is the need to protect restrained inmates from abuse by other inmates. Under no circumstances should restrained inmates be housed with inmates who are not in restraints. In most instances, restrained inmates are housed alone.

**1059. DNA Collection, Use of Force.**

**(a) Pursuant to Penal Code Section 298.1, authorized law enforcement, custodial, or corrections personnel including peace officers, may employ reasonable force to collect blood specimens, saliva samples, or thumb or palm print impressions from individuals who are required to provide such samples, specimens or impressions pursuant to Penal Code Section 296 and who refuse following written or oral request.**

**(1) For the purpose of this regulation, the "use of reasonable force" shall be defined as the force that an objective, trained and competent correctional employee, faced with similar facts and circumstances, would consider necessary and reasonable to gain compliance with this regulation.**

**(2) The use of reasonable force shall be preceded by efforts to secure voluntary compliance. Efforts to secure voluntary compliance shall be documented and include an advisement of the legal obligation to provide the requisite specimen, sample or impression and the consequences of refusal.**

**(b) The force shall not be used without the prior written authorization of the supervising officer on duty. The authorization shall include information that reflects the fact that the offender was asked to provide the requisite specimen, sample, or impression and refused.**

**(1) If the use of reasonable force includes a cell extraction, the extraction shall be videotaped, including audio. Video shall be directed at the cell extraction event. The videotape shall be retained by the agency for the length of time required by statute. Notwithstanding the use of the video as evidence in a criminal proceeding, the tape shall be retained administratively.**

**(2) Within 10 days of the use of reasonable force pursuant to this regulation, the facility administrator shall send a report to the Board of Corrections, documenting a refusal to voluntarily submit the requisite specimen, sample or impression; the use of reasonable force to obtain the specimen, sample or impression, if any; the type of force used; the efforts undertaken to obtain voluntary compliance; and whether medical attention was needed by the prisoner or other person as a result of reasonable force being used.**

**Guideline:** Written and verbal notices advising inmates of the requirement to provide a specimen, sample or impression should be given in the language(s) most often used by the inmates and in a vocabulary that is understandable. In addition, the notice should be available in a manner that can be understood by persons with disabilities (e.g., visual impairments, hearing impairments, etc.). Every effort should be made to ensure that inmates understand the requirements.

A refusal, for purposes of reporting to the Corrections Standards Authority, may be passive or aggressive and may or may not lead to the use of force depending on departmental policy. An initial refusal in which voluntary compliance is subsequently attained is not considered a refusal for reporting purposes. Forms for reporting refusals are available on the CSA website **(www.csa.ca.gov)**.

This regulation requires that if reasonable use of force requires a cell extraction, the extraction must be videotaped. It is not the intent that the use of a fixed or mounted camera, aimed in the general vicinity of the cell extraction event, be a substitute for a handheld video camera aimed at the event. Although not required by regulation, should force be applied during the collection of the specimen, sample or impression, it is recommended the entire event be videotaped with audio

(rather than limiting videotaping to cell extraction events). Adequate training on the use of the video equipment, including its operation, maintenance, battery charging and known location is essential.

The primary role of health care staff is to provide "treatment." Due to potential conflict with this role, correctional medical staff should not be utilized in the forceful collection of specimens, samples or impressions. However, nothing in this regulation or in **Section 1206, Health Care Policy Manual,** would prohibit facility health care staff from participating in the routine, voluntary collection of DNA samples as required by **Penal Code Section 298.1.**

## ARTICLE 6. INMATE PROGRAMS AND SERVICES

### 1061. Inmate Education Plan.

**The facility administrator of any Type II or III facility shall plan and shall request of appropriate public officials an inmate education program. When such services are not made available by the appropriate public officials, then the facility administrator shall develop and implement an education program with available resources. Such a plan shall provide for the voluntary academic and/or vocational education of both sentenced and non-sentenced inmates. Reasonable criteria for eligibility shall be established and an inmate may be excluded or removed from any class based on sound security practices or failure to abide by facility rules and regulations.**

**Guideline:** Statutes pertaining to jail education are contained in the **California Education Code**, most notably in **Sections 1900-1909, 41840, 41841.5, 41841.6, 41841.8 and 52616.6**. Also, **Penal Code Section 4018.5** contains substantive law regarding vocational education and **Penal Code Section 4025** authorizes the use of inmate welfare funds for inmate education.

Although the facility administrator is responsible for developing and implementing an education program for inmates, there is a good deal of assistance available through the local school district or the county superintendent of schools. Working in conjunction with district school personnel, the facility administrator should be able to develop a program to meet the needs of inmates.

Inmate education includes vocational training as well as academic education. Vocational education is appropriate under these regulations and is addressed in **Penal Code Section 4018.5**. Vocational training can be included as an academic portion of inmate industry; private vendors have also developed vocational training in the jail setting. Some of the programs that have worked well in jails are food service/food preparation, laundry operator, automotive mechanic and landscape gardener.

Inmate classification and segregation requirements need to be considered in the delivery of education programs. In addition to the traditional classroom approach to educational programming, there are several alternative delivery methods for providing quality education to inmates. These include independent study and computer education programs.

Some jurisdictions with smaller inmate populations have used correspondence courses for inmates' education. There are a number of private and accredited correspondence schools

including the University of California. Many of these can be paid for, in part or fully, by various "G.I. Bill" benefits for those inmates who are eligible veterans.

The General Education Development (GED) test may be suited to unsentenced or short-term sentenced inmates with limited educational backgrounds. Many educational and vocational courses are available via computer programs designed for specific areas of instruction, and the computers on which to run them may be purchased or leased with inmate welfare funds or grant monies from government or private sources. Programmed texts, videotapes, teaching machines, closed circuit television and educational television broadcasts have all been used as elements of an education program. These can be coordinated with volunteer or student intern "teachers," literacy programs, local community colleges and/or private contractors to provide meaningful and productive educational experiences. In addition, **Penal Code Section 1208** allows eligible inmates to be released on furlough to participate in job training or educational activities.

The State Department of Education provides technical assistance through its jail education consultants to school districts providing education programs in jails. There are also networks of jail educators such as the California Association of Jail Educators (CAJE) and the Correctional Education Association (CEA) that work to keep pace with the rapidly evolving program and legislative issues.

Type II facilities that hold juveniles must have a program to provide 240 minutes of education each day for each minor **(Section 1120, Education Program for Minors in Jails)**. A portion of the education program must include health education. The facility administrator will need to work with school district personnel to design a suitable program.

**1062. Visiting.**

**(a) The facility administrator shall develop written policies and procedures for inmate visiting which shall provide for as many visits and visitors as facility schedules, space, and number of personnel will allow. For sentenced inmates in Type I facilities and all inmates in Type II facilities there shall be allowed no fewer than two visits totaling at least one hour per inmate each week. In Type III and Type IV facilities there shall be allowed one or more visits, totaling at least one hour, per week.**

**(b) In Type I facilities, the facility administrator shall develop and implement written policies and procedures to allow visitation for non-sentenced detainees. The policies and procedures will include a schedule to assure that non-sentenced detainees will be afforded a visit no later than the calendar day following arrest.**

**(c) The visitation policies developed pursuant to this section shall include provision for visitation by minor children of the inmate.**

**Guideline:** The benefits of an appropriate visiting policy include: reduced tension; a healthy emotional climate in the jail; developing and maintaining family relationships; and improved inmate and staff morale.

For sentenced inmates in Type I facilities and all inmates in Type II facilities, there must be a least two visits totaling at least on hour for each inmate each week; however, rules surrounding visitation are the discretion of the facility administrator based on valid penological interests. How much visiting is allowed, the type of setting (contact verses non-contact), and how often it

occurs is determined by the facility administrator. The factors that must be considered are: the physical plant; available space; staff's ability to supervise; other activities (such as dining and programming); and the classification(s) of inmates. Policy and procedures should cover the issue of special visits that fall outside the routine visiting plan.

This regulation requires that non-sentenced inmates in Type I facilities will be allowed their first visit no later than the day after the inmate is arrested. An inmate does not need to be in the facility for 24 hours before he/she can have a visit, but visiting does not necessarily have to occur on the day the inmate is booked if it interferes with intake processing and related interviews. The intent is to allow the visit as soon as is practical. A Type I facility does not have to set up special visiting hours for inmates who are brought in late in the day or during the night; it is acceptable to have set hours when visiting occurs.

A court case (Youngblood v. Gates, 200 Cal. Ap. 3rd., 1302, May 1988), has established that visiting practices found in Type II, III, and IV jails must be extended to Type I jails. Further, the court held that a detention facility couldn't exclude minor children of an inmate from visiting (unless there is a valid penological reason based on the circumstances of the individual case). This was a significant change for some facilities that applied blanket policies that significantly restricted visits by children. Some restrictions are still possible, but facilities must implement policies that allow visits by children. Jails may continue to exclude, for example, visits where the minor children are victims. They may also exclude an unrelated minor child who may have been exploited by the inmate.

Since the Youngblood case said a responsible adult must accompany the minor, some jurisdictions address who that adult must be in their policy and procedures. Some insist that a minor be accompanied by a parent or legal guardian, others will allow any responsible adult and some even permit a minor who is mature and responsible (e.g., 17 year old, driving his or her own car) to visit without an adult being present. The language of this regulation is intended to facilitate supervised visits by minor children unless circumstances warrant a denial.

**1063. Correspondence.**

**The facility administrator shall develop written policies and procedures for inmate correspondence which provide that:**

**(a) there is no limitation on the volume of mail that an inmate may send or receive;**

**(b) inmate mail may be read when there is a valid security reason and the facility manager approves;**

**(c) inmates may correspond, confidentially, with state and federal courts, any member of the State Bar or holder of public office, and the State Board of Corrections; however, jail authorities may open and inspect such mail only to search for contraband, cash, checks, or money orders and in the presence of the inmate;**

**(d) inmates may correspond, confidentially, with the facility manager or the facility administrator; and,**

(e) **those inmates who are without funds shall be permitted at least two postage paid letters each week to permit correspondence with family members and friends but without limitation on the number of postage paid letters to his or her attorney and to the courts.**

**Guideline:** This regulation applies to Type I as well as Type II, III and IV facilities, even though inmates are generally not in Type I facilities long enough to send or receive mail. Nonetheless, Type I facilities should have policy and procedures relating to mail and correspondence for sentenced inmate workers. All indigent inmates must be provided access to at least two postage paid letters each week for general correspondence. Indigent inmates must also be allowed an unlimited number of postage paid letters for correspondence with their attorney and the courts.

The United States Constitution protects mail and correspondence rights. Courts generally find that there must be a valid security reason to read an inmate's mail. This does not undercut the facility administrator's right to inspect mail, since it is that person who defines "valid security reason." In addition, it is the facility administrator or manager who approves the reading of mail when there is a sound reason to do so.

The intent of this regulation is that every facility has policy and procedures for handling mail, including a description of the method for letting inmates know that they should have no expectation of privacy for other than confidential correspondence. Mail can and will be read, perhaps at random, or perhaps all but legal correspondence of specific inmates will require opening and reading. Inmates must be aware that this is the facility's practice **(Section 1069, Inmate Orientation)**.

It is good policy to document instances of, and reasons for, reading inmate mail. If the practice is to scan mail at non-specific intervals to maintain security, it may not be necessary to document every letter that was read. However, if all the mail of a particular inmate is being read, there should be written justification to protect staff, the facility manager and the jurisdiction from legal challenge.

Processing incoming and outgoing mail should occur as expeditiously as possible. When mail is found to be inappropriate, as defined in **Section 1066, Books, Newspapers and Periodicals**, or when an inmate is sent material that is not prohibited by law but is considered contraband by the facility, several choices are available. The material may be returned to the sender or held in the inmate's property to be given to the inmate upon release. In either event, it is important to notify the inmate that mail was held or returned to the sender.

Restrictions on reading inmate mail do not preclude staff from opening and inspecting mail to search for contraband, cash, checks or money orders. Where there is a confidentiality privilege, as with members of the State Bar, judges, holders of public office or the Corrections Standards Authority, the opening of mail must take place in the inmate's presence. This requirement is settled case law and is not subject to interpretation. Local jurisdictions should define the form in which legal mail is to be received so that it will be recognized upon receipt. When there is a plain envelope and no indication of a claim as legal mail, errors in opening them may occur.

A facility's policy and procedures relating to mail and correspondence should be part of the inmate orientation and the **Public Information Plan (Section 1045)**. Correspondence is a major issue to inmates; it is easier to inform them and the public about the facility's policies than to have confrontations or lawsuits arise later out of misunderstandings or lack of information.

**1064. Library Service.**

**The facility administrator shall develop written policies and procedures for library service in all Type II, III, and IV facilities. The scope of such service shall be determined by the facility administrator. The library service shall include access to legal reference materials, current information on community services and resources, and religious, educational, and recreational reading material. In Type IV facilities such a program can be either in-house or provided through access to the community.**

**Guideline:** Appropriate library services, designed to meet inmate needs, will do much to relieve tension in an institution and could aid in preparing inmates to return to the community. Library programs should be planned cooperatively by correctional and library professionals to provide optimal levels of service within architectural, budgetary and security limits. Library expertise may be available from city, county or community college libraries. **Government Code Section 26151** authorizes the use of county general fund dollars for jail library services provided by county libraries. The inmate welfare fund is another source of monies to support the jail library.

In addition to library professionals, the facility administrator may want to get input from inmates, staff, counselors, chaplains, county counsel and courts, and other interested people. When determining material for the library, consider the need for publications for non-English speaking inmates. There is no magic number of non-English speaking inmates that triggers the need for publications in languages other than English. However, the Youngblood decision (Youngblood v. Gates, 200 Cal. Ap. 3rd., 1302, May 1988) included a requirement that Type I jails in Los Angeles must have non-English language newspapers available on a daily basis for non-English speaking (reading) inmates. The best gauge of what is needed in the jail library is the makeup of the community.

Once there is an agreed upon selection policy, jails can benefit from donated materials as well as undelivered magazines from the United States Postal Service, book displays from conferences and publishers overruns. Service clubs will often sponsor subscriptions and newspaper vendors are frequently willing to deliver extra copies to established delivery sites.

Circulation systems should be designed with security and the physical plant taken into consideration, with the objective to permit the widest possible use of library materials by the greatest number of people. Paperbacks and magazines might be exchanged informally, whereas hardbound books may need to be checked in and out.

Among materials recommended to be available to inmates is a listing of community resources, such as the Community Resource Directories published by many counties. The library is also one method of making materials identified in the **Public Information Plan (Section 1045)** available to the inmate.

The need for inmate access to a law library is a constantly emerging area of case law and technology. Facility administrators should contact their county counsel, the courts, public defender and the local bar association when determining how to make legal reference materials available to inmates.

**1065. Exercise and Recreation**

**(a) The facility administrator of a Type II or III facility shall develop written policies and procedures for an exercise and recreation program, in an area designed for recreation, which will allow a minimum of three hours of exercise distributed over a period of seven days. Such regulations as are reasonable and necessary to protect the facility's security and the inmates' welfare shall be included in such a program. In Type IV facilities, such a program can be either in-house or provided through access to the community.**

**(b) The facility administrator of a Type I facility shall make table games and/or television available to inmates.**

**Guideline**: Exercise and recreation yards or areas can be the subjects of "conditions of confinement" lawsuits. Exercise is defined as physical exertion of large muscle groups **(Section 1006, Definitions).** It is important for facility administrators and managers to carefully consider all the elements of the use of exercise areas and to document who has access, when and under what circumstances. Within the policy and procedures required by this regulation, facility administrators should develop a schedule to ensure that everyone gets at least the minimum amount of exercise. Those facilities which have provided more than the required amount of exercise, have generally been able to escape negative judgments in lawsuits due to the amount of time the inmates spend outside of their cells, even though the jails may have been well over Rated Capacity.

Facility administrators need to consider provision for large muscle exercise when inmates are in disciplinary isolation for extended periods of time. It is recommended that facility administrators consult with health care staff regarding such policies; these considerations should be included in the 30- and 15-day reviews required by Section 1083, Limitations on Disciplinary Actions.

Please see **Title 24, 470A.2.10, Exercise Area**, for the design requirements related to exercise areas. Having toilets and wash basins located in the recreation/exercise area will save staff time and will reduce the long-term operating cost of the facility. Exercise areas must be designed to assure access for inmates with disabilities, such as visual impairments, physical disabilities, use of prostheses, etc.

Exercise areas are key points for escapes and the introduction of contraband. Regardless of how many cameras you may have trained on the area, it is essential that staff supervise recreation areas. Staff searches of exercise areas for contraband and security breaches should be common practice both before and after use by inmates. In addition, the classification of inmates in exercise areas is important.

This regulation also requires that television and table games be available to inmates in Type I facilities.

**1066. Books, Newspapers and Periodicals.**

**(a) The facility administrator of a Type II or III facility shall develop written policies and procedures which will permit inmates to purchase, receive and read any book, newspaper or periodical accepted for distribution by the United States Postal**

**Service. Nothing herein shall be construed as limiting the right of a facility administrator to:**

**(1) exclude obscene publications or writings, and mail containing information concerning where, how, or from whom such matter may be obtained; and any matter of a character tending to incite murder, arson, riot, violent racism, or any other form of violence; any matter of a character tending to incite crimes against children; any matter concerning unlawful gambling or an unlawful lottery; the manufacture or use of weapons, narcotics, or explosives.**

**(2) exclude publications or writings based on the physical composition of the material or packaging, or to restrict the sources from which the jail will receive such materials where there is a valid security reason to justify such action;**

**(3) open and inspect any publications or packages received by an inmate; or,**

**(4) restrict the number of books, newspapers or magazines the inmate may have in his cell or elsewhere in the facility at one time.**

**(b) The facility administrator of a Type I facility shall develop and implement a written plan to make available a daily newspaper in general circulation, including a non-English language publication, to assure reasonable access to interested inmates.**

**Guideline:** This regulation provides the constitutionally approved parameters within which facility administrators can limit publications and newspapers while also supporting access to daily newspapers and other reading material. As noted in the guideline to **Section 1064, Library Services**, the Youngblood decision (Youngblood v. Gates, 200 Cal. Ap. 3rd., 1302, May 1988) held that jails in Los Angeles must have non-English language newspapers available on a daily basis for non-English speaking (reading) inmates. That finding is incorporated into this regulation.

With respect to inmates' subscriptions to newspapers and/or magazines, there should be policy and procedure that ensures that the jail will not be liable for payment of inmate subscriptions. Policy and procedure should also cover what is to happen to issues of subscriptions that arrive after the inmate(s) to whom they belong are no longer in custody. Donations of magazines or the circulation of subscription materials from other inmates are possible solutions to both these problems.

There is nothing in this regulation that limits a facility administrator from having a "publishers only" rule (i.e., all reading material must come directly from the publisher). Moreover, this regulation states that any material deemed inappropriate based on a valid jail interest can be withheld from inmates or returned at the sender's expense. Current case law (Mauro v. Arpaio 188 F.3d 1054, Ninth Circuit Court of Appeals) has held that materials containing frontal nudity can be excluded from jails based on a valid penological interest. This case law may signal the court's willingness to defer to facility administrators the discretion to prevent similar inappropriate material based on legitimate needs for security and order of the jail.

One of the major concerns about books, newspapers and periodicals is the fire hazard they may pose. An overabundance of these materials in cells, aside from making cell searches and the control of contraband difficult, can cause dangerous fire loading. Therefore, it is very important to limit the amount of flammable material in cells or living areas. Contact your local fire

marshal for help in establishing appropriate guidelines; however, staff should be cautioned against discarding or disposing of inmates' property, especially legal material, without going through administratively developed and approved notification procedures. Legal materials cannot be removed without the inmate's knowledge.

**1067. Access to Telephone.**

**The facility administrator shall develop written policies and procedures which allow reasonable access to a telephone beyond those telephone calls which are required by Section 851.5 of the Penal Code.**

**Guideline: Penal Code Section 851.5**, requires that there must be a sign, in bold print, located in a place clearly visible to inmates, which describes the requirement that inmates are allowed up to three free telephone calls.

The telephone is an effective tool for reducing tension and anxiety in a detention facility. An adequate number of telephones and a generally open telephone use policy will allow inmates to maintain contact with family and the community, avoiding many incarceration and reentry problems.

A system should be established to assure access to telephones while providing for the security of the facility. Technology developed by inmate telephone vendors contains a broad spectrum of security and access features, including the ability to exclude certain telephone numbers. Additional features include the ability to monitor and track inmate calls. A careful review of the options available through each vendor will allow the facility administrator to customize the system to the needs of the facility.

Jail staff should be aware of inmate telephone use to ensure that inmates do not misuse or exert control over the telephones. It is a good idea to have a cut-off switch in a control booth(s) that will allow staff to block all telephone use if it becomes necessary to do so during an emergency or other high security event.

Access to telephones does present some risk to the facility. One level of risk is the possibility that an inmate could hang himself/herself by using the telephone cord. There have been several documented suicides utilizing the telephone cord. The Corrections Standards Authority recommends using a shorter cord that cannot be wrapped around the neck. A second risk is that criminally sophisticated inmates may use the telephones to continue their criminal activity. Inmates have reportedly utilized call-forwarding features of an outside telephone to reach unauthorized third parties. In addition, gang members may monopolize telephones to assure access to their own group or to obtain “toll fees” from other users.

**1068. Access to the Courts and Counsel.**

**The facility administrator shall develop written policies and procedures to ensure inmates have access to the court and to legal counsel. Such access shall consist of:**

**(a) unlimited mail as provided in Section 1063 of these regulations, and,**

**(b) confidential consultation with attorneys.**

**Guideline:** Inmates have a constitutional right to unimpeded access to attorneys and legal representation. Facilities must have space designated for the confidential interviewing of clients by their counsel (**Title 24, 470A.2.26, Attorney Interview Space**). Upon request, staff must make inmates available to their attorneys at reasonable times. In addition, **Penal Code Section 825** provides that any attorney may visit at the request of the prisoner or the prisoner's family.

An attempt at mutual understanding will go a long way toward relieving pressures and eliminating some of the conflicts that arise when attorneys need to see their clients at unsuitable times. Many facility administrators have been inconvenienced by attorneys and paralegals who appear at the facility during scheduled feeding time. Many attorneys have been frustrated by long delays in getting to see their clients. The constraints of facility schedules and the limitations of staff availability determine the best times for inmate interviews. The facility administrator can avoid some scheduling conflicts by arranging meetings with the public defender, district attorney, local attorneys that frequent the jail and the court, in an effort to elicit their needs and gain their cooperation.

The needs of attorneys will vary from just a quick contact at the visiting window to space needed for paperwork in preparation for a hearing or trial. The visit must be confidential. This means that the inmate and attorney must have the ability to have a conversation without the possibility of being recorded. The visit could be a contact visit. Any visit generally includes the ability to pass documents. Not every attorney will need or want a contact visit. The facility administrator can require special security arrangements/procedures based on identifiable, valid security interests.

Temporary holding facilities and Type I jails that rarely deal with attorney visits may only need a procedure that handles each visit on an individual basis.

**1069. Inmate Orientation.**

**(a) In Type II, III, and IV facilities, the facility administrator shall develop written policies and procedures for the implementation of a program reasonably understandable to inmates designed to orient a newly received inmate at the time of placement in a living area. Such a program shall be published and include, but not be limited to, the following:**

- **(1) correspondence, visiting, and telephone usage rules;**
- **(2) rules and disciplinary procedures;**
- **(3) inmate grievance procedures;**
- **(4) programs and activities available and method of application;**
- **(5) medical services;**
- **(6) classification/housing assignments; and,**
- **(7) court appearance where scheduled, if known.**

**(b) In Type I facilities, the facility administrator shall develop written policies and procedures for a program reasonably understandable to non-sentenced detainees to orient an inmate at the time of placement in a living area. Such a program shall be published and include, but not be limited to, the following:**

- **(1) rules and disciplinary procedures;**
- **(2) visiting rules;**
- **(3) availability of personal care items, opportunities for personal hygiene;**

**(4) availability of reading and recreational materials; and,**
**(5) medical/mental health procedures**.

**Guideline:** If custody staff are going to hold inmates accountable for following the rules and exercising their rights and privileges, then they have an obligation to make inmates aware of those rules, rights and privileges. The inmate orientation provides inmates with information about the jail procedures, rules, services and activities that they must know to function successfully in the jail. Orientation is also intended to reduce rule violations and decrease staff time spent answering basic questions. When is the commissary open? When is visiting? How do I get to see a doctor? These and similar questions should be answered by orientation. Developing the orientation package should include input from programs staff, including the religious services provider **(Section 1072, Religious Observances)** to ensure inmate access while in custody.

Some jurisdictions use videotape presentations to orient inmates. Video orientation can be played in the jail's receiving area or housing area. These kinds of orientations can be available in the language or languages most commonly used by inmates in the specific jurisdiction. When well done, they have the advantages of freeing staff from having to repeat the same information over and over, and of being consistent and uniform so that everyone gets the same information.

Handbooks or handouts are also often used in orientation, but such written material should ideally be accompanied by discussion of the material. Simply giving an inmate a written document does not guarantee that he or she will read or understand the information. Because the goal is to familiarize inmates with the operation of the jail, there must be some verbal or visual explanation of the written material, at least enough to get the inmate's attention so he or she will be likely to read the document. This, of course, also raises the question of inmates who cannot read and/or those who cannot read English. Care must be taken that written material is produced in the language(s) most often used by inmates and that it can be verbally offered in a language the inmate knows and understands. In addition, the orientation material must be available and understood by persons with disabilities (visual impairments, hearing impairments, etc.).

It is important for jail staff to recognize that people newly received in jails are often in crisis. They may be intoxicated, frightened or disoriented. They are concerned about personal and family problems and worried about the jail environment; they may be unable to express their concerns. Staff may be able to reduce tension, ease the transition to incarceration and facilitate managing the inmate in the long run by taking time to listen and respond to individual needs during orientation.

**1070. Individual/Family Service Programs.**

**The facility administrator of a Type II, III, or IV facility shall develop written policies and procedures which facilitate cooperation with appropriate public or private agencies for individual and/or family social service programs for inmates. Such a program shall utilize the services and resources available in the community and may be in the form of a resource guide and/or actual service delivery. The range and source of such services shall be at the discretion of the facility administrator and may include:**

**(a) individual, group and/or family counseling;**
**(b) drug and alcohol abuse counseling;**
**(c) community volunteers;**
**(d) vocational testing and counseling;**
**(e) employment counseling;**
**(f) referral to community resources and programs;**
**(g) prerelease and release assistance;**
**(h) legal assistance; and,**
**(i) regional center services for the developmentally disabled.**

**Guideline:** This regulation identifies a broad range of programs that can be made available to inmates. The criteria for selecting particular programs depend on the mission of the jail, the range of inmate classifications that are housed and such factors as average length of stay and community priorities.

Some jurisdictions utilize a "director of inmate services" position to coordinate jail programs and interface between programs and custody staff. Typically, this position would work with local programs and education people to produce a broad spectrum of services that may be delivered in an educational curriculum based or counseling based manner. Staff in this position are frequently non-sworn staff at a management level that have the authority to seek out program opportunities, volunteer and funding resources, plus coordinate programs delivery and scheduling. Agreements between the facility and the program service provider serve to clarify areas of responsibility, access, security issues, etc. Such agreements will help maintain a cooperative relationship and will forestall potential misunderstandings.

**1071. Voting.**

**The facility administrator of a Type I (holding sentenced inmate workers) II, III or IV facility shall develop written policies and procedures whereby the county registrar of voters allows qualified voters to vote in local, state, and federal elections, pursuant to election codes.**

**Guideline**: Under this regulation, the facility administrator must establish a process by which eligible voters may vote. Normally, this will occur through the absentee ballot process.

Inmates in California may register to vote if they are United States citizens and a residents of California who are 18 years or age (or will be at the date of the election). Inmates must not have been judged by a court to be mentally incompetent to register to vote and must not be in prison or on parole for a felony conviction

It is understandably impractical to provide voter registration to non-sentenced inmates in Type I facilities. These individuals will not be in custody long enough to obtain an absentee ballot; however, in Type I facilities that house inmate workers, the facility administrator must have a policy and procedure to allow the inmates to request an absentee ballot.

**1072. Religious Observances.**

**The facility administrator of a Type I, II, III or IV facility shall develop written policies and procedures to provide opportunities for inmates to participate in religious services and counseling on a voluntary basis.**

**Guideline:** The religious program must provide an opportunity for all religions. In light of the fact that many case law decisions have resulted from denial of religious services, facility administrators are encouraged to take advantage of what exists in the community and provide a full array of religious programs. Many police and sheriff's departments have chaplains who can be valuable resources in developing a jail's religious programming. Volunteers are also a valuable resource. The department chaplain could directly administer to a particular faith and establish contacts with ministers of other faiths that would provide services to inmates of other denominations. This person could also ensure that religious personnel who provide programming in the facility represent a particular church and have the security clearance to enter a jail.

Litigation has also arisen regarding religious diets. The preparation of special religious diets for inmates may not be necessary if the range of food offered is broad enough to provide minimum nutritional needs without the consumption of religiously prohibited food. Separate arrangements to provide kosher diets may be required because of the special preparation involved.

**1073. Inmate Grievance Procedure.**

**(a) Each administrator of a Type II, III, or IV facility and Type I facilities which hold inmate workers shall develop written policies and procedures whereby any inmate may appeal and have resolved grievances relating to any conditions of confinement, included but not limited to: medical care; classification actions; disciplinary actions; program participation; telephone, mail, and visiting procedures; and food, clothing, and bedding. Such policies and procedures shall include:**

- **(1) a grievance form or instructions for registering a grievance;**
- **(2) resolution of the grievance at the lowest appropriate staff level;**
- **(3) appeal to the next level of review;**
- **(4) written reasons for denial of grievance at each level of review which acts on the grievance;**
- **(5) provision for response within a reasonable time limit; and,**
- **(6) provision for resolving questions of jurisdiction within the facility.**

**(b) Grievance System Abuse:**

**The facility may establish written policy and procedure to control the submission of an excessive number of grievances.**

**Guideline:** This regulation applies to Type II, III and IV facilities and Type I facilities (that hold inmate workers or other sentenced inmates). The federal Civil Rights of Institutionalized

Persons Act encourages grievance mechanisms, and many state courts expect that available administrative remedies be pursued before bringing the matter before the court. A functional grievance procedure can serve as an important management information tool as well as an opportunity for inmates to voice concerns and objections.

Inmate grievances that are not taken seriously can come back to hurt a facility and its staff. A good grievance procedure means facility personnel listen to what inmates have to say and fix what legitimately needs fixing, saving small problems from becoming big problems and big problems from becoming lawsuits. It is appropriate that the jail manager, or the manager's designee, monitor the grievance process to assure that it is operating as planned and to make modifications where necessary.

The grievance mechanism can also readily be used as a self-inspection system. Along with incident reports and disciplinary records, grievances provide important information for facilities to use in either formal or informal internal auditing. Grievances can be an open line of communication from inmates to staff, and from staff to management for identifying and correcting deficiencies. Facility managers have an obligation to review grievances, along with incident and disciplinary reports, to get an overview of what is going on in the facility or system.

The grievance procedure can also serve as ongoing documentation of good faith efforts to remedy problems and provide conditions of confinement that comply with accepted standards. Many facility administrators find it useful to centralize the storage of grievance reports as well as file a copy of the report in the individual inmate's file. Maintaining a grievance file keeps grievance information together for analysis. Reviewing all grievances submitted within a fixed period of time offers more information than random reviews of individual inmate files.

The written policies and procedures for grievance review and resolution should include:

1. staff training in the effective use of the grievance process and how to resolve matters at the lowest possible staff level;
2. the mechanisms by which inmates are made aware of the grievance procedure and how to set the process in motion;
3. acknowledgement that grievances must be handled judiciously and within the time limits set by the procedure;
4. mechanisms for collecting grievances and documenting responses; and,
5. procedures for informing the courts about grievance procedures so that judges may gauge whether inmates have exhausted all administrative remedies available to them before filing lawsuits.

Grievance systems are of little value if they are not properly utilized. The grievance mechanisms can defuse potential problems; conflicts expressed in writing can be more readily resolved, and often with better results, than personal confrontations.

Grievances should be resolved at the lowest appropriate level in the chain of command. In some facilities, the appeals progress is from line staff to first line supervisor to shift or watch commander to the facility administrator. In others, grievances are appealed from line staff to first line supervisor or shift commander. This regulation requires one level of appeal and review. Additional reviews and appeals may be needed in individual systems and are based on

management prerogative. The courts will hold departments accountable for following their own policies and procedures.

At every step of the process this regulation requires that inmates receive written reasons for the action taken, approvals as well as denials. There should also be some method to document this notification. Carbonless form sets that incorporate the inmate's and officer's signatures are good ways to end two of the more frequently encountered inmate complaints: that staff has destroyed the grievance and that the inmate did not understand the process.

Inmate grievances occasionally cross lines of staff responsibility. For example, an inmate complaint may involve a medical issue but the grievance form is submitted to custodial staff. Since the facility administrator is the final authority on custodial and security issues and the responsible physician has the responsibility for medical decisions, there must be some established procedure for resolving the cross-jurisdictional issue.

Every system will encounter inmates who attempt to paralyze the administration with excessive grievances. Local jurisdictions may establish policy and procedures to control the submission of an excessive number of grievances. However, local agencies must resist pressure by line staff to stifle grievances because they are inconvenient or time consuming. Grievances that touch on the health and safety of individuals must always be considered. The challenge presented by this regulation is to limit frivolous grievance submittals while being sensitive to potentially valid complaints from all sources. It is important to document the reasons that a grievance has been considered frivolous.

## ARTICLE 7. DISCIPLINE

### 1080. Rules and Disciplinary Penalties.

**Wherever discipline is administered, each facility administrator shall establish written rules and disciplinary penalties to guide inmate conduct. Such rules and disciplinary penalties shall be stated simply and affirmatively, and posted conspicuously in housing units and the booking area or issued to each inmate upon booking. For those inmates who are illiterate or unable to read English, and for persons with disabilities, provision shall be made for the jail staff to verbally instruct them or provide them with material in an understandable form regarding jail rules and disciplinary procedures and penalties.**

**Guideline:** It is extremely important that there be standards of behavior that guide the safe, orderly and efficient operation of a jail, and at the same time, protect both staff and inmates. Prevention of rule violations is preferable to correction after the fact; nonetheless, there must be a clear and consistent disciplinary process ready to be initiated if and when a rule is violated.

The disciplinary process is an administrative, not a judicial, process. While the rules of evidence are different in administrative proceedings from those in criminal matters, facility administrators should be aware that there is no prohibition against both referring a matter for prosecution and treating it in-house as a disciplinary matter.

Facility rules and disciplinary penalties must be clear, consistent, and uniformly applied. They must also be written and made available to inmates **(Section 1069, Inmate Orientation)**, both as

fair warning of the consequences of inappropriate behavior and in order to ensure due process and equal protection as guaranteed in the United States and California Constitutions.

The disciplinary process must both be fair, and be perceived as fair. Rules should be continually reviewed to ensure that they are reasonable and continue to have a valid base. When rules are changed, all posted copies and inmate rule books must also be changed and staff must be alerted to whatever changes have occurred.

It is advisable to keep the number of rules to a minimum. Having too many rules can cause disciplinary problems, waste staff time and create an overly repressive atmosphere, weakening the effectiveness of the important rules needed to keep the facility operating efficiently and effectively.

Type I facilities are not required to have a disciplinary process if they do not discipline inmates. If a Type I facility does not administer discipline, their policies must state that discipline is not administered in the facility and that inmates who pose disciplinary problems will either have charges filed against them or the inmate will be transported to some other facility by administrative decision, depending on the facility's practice. If discipline is part of the Type I facility's operation, there must be a disciplinary process pursuant to this regulation.

The types of behavior that will result in the disciplinary process being set in motion (or charges being filed) must be made known to inmates at the point of entry, at booking or pre-booking **(Section 1069, Inmate Orientation)**. This regulation states that rules must be posted conspicuously, given to inmates as part of the booking sheet, or separately read to those who are unable to read and translated for those who are unable to read or understand English.

**1081. Plan for Inmate Discipline.**

**Each facility administrator shall develop written policies and procedures for inmate discipline which shall include, but not be limited to, the following elements:**

**(a) Designation of one or more subordinates who will act on all formal charges of violation of facility rules by inmates, and who shall have investigative and punitive powers. Staff so designated shall not participate in disciplinary review if they are involved in the charges.**

**(b) Minor acts of non-conformance or minor violations of institution rules may be handled informally by any staff member by counseling or advising the inmate of expected conduct, assignment to an extra work detail, or removal from a work assignment without loss of work time credit. In addition, temporary loss of privileges such as, but not limited to, access to television, telephones, or commissary, or lockdown for less than 24 hours, may be considered minor discipline if such acts are accompanied by written documentation, and a policy of review and appeal to a supervisor.**

**(c) Major violations or repetitive minor acts of non-conformance or repetitive minor violations of institutional rules shall be reported in writing by the staff member observing the act and submitted to the disciplinary officer. The inmate shall be informed of the charge(s) in writing. The consequences of a major violation may include, but are not limited to, loss of good time/work time, placement in disciplinary isolation, disciplinary isolation diet, or loss of privileges mandated by regulations. In addition:**

**(1) charges pending against an inmate shall be acted on no sooner than 24 hours after the report has been submitted to the disciplinary officer and the inmate has been informed of the charges in writing. A violation(s) shall be acted on no later than 72 hours after an inmate has been informed of the charge(s) in writing. The inmate may waive the 24-hour limitation. The hearing may be postponed or continued for a reasonable time through a written waiver by the inmate or for good cause.**

**(2) The inmate shall be permitted to appear on his own behalf at the time of hearing.**

**(3) Subsequent to final disposition of disciplinary charges by the disciplinary officer, the charges and the action taken shall be reviewed by the facility manager or designee.**

**(4) The inmate shall be advised of the action taken by the disciplinary officer by a copy of the record required to be kept by Penal Code section 4019.5.**

(d) **Nothing in this section precludes a facility administrator from administratively removing any inmate from the general population or program for reasons of personal, mental, or physical health, or under any circumstance in which the safety of the inmates, staff, program, or community is endangered, pending a disciplinary action or a review as required by Section 1054 of these regulations.**

**Guideline:** Maintaining discipline within a local detention facility is critical to safely and efficiently operate a jail. Policy and procedures ensure consistency and fairness in its application. Although the discipline system will vary depending on a wide variety of needs at individual facilities, this regulation establishes key elements that are required to satisfy current legal and operational needs.

Counseling is among the first actions to be taken in response to minor rule violations. Counseling can be an effective tool in the disciplinary process because it is personal and informal and can encourage the inmate to respond in a mature, responsible manner. It relies on the skill and sensitivity of staff to defuse potential disciplinary problems before they escalate. This kind of informal handling of minor infractions does not require documentation. However, since a series of minor violations can constitute a major violation, some documentation of the accumulating violations could be helpful in demonstrating a cumulative disciplinary problem.

When minor sanctions are imposed for minor acts of non-conformance, there is need for documentation and review by a supervisor. Counseling and/or minor sanctions do not trigger the need for hearings and formal notices that are necessary when major infractions and penalties are at issue.

Major violations are those that affect the safety, security, efficiency or operation of the facility and its personnel, staff and/or inmates. Major rule violations require that a written report by the staff member observing the act be submitted to the disciplinary officer. Because major rule violations can result in the loss of good or work time, isolation or loss of any facility privilege, formal notice of the charge must be provided to the inmate. Major violations require a timely hearing where the inmate is allowed to appear on his or her own behalf and may even result in charges being filed through the district attorney.

There is no double jeopardy in disciplining an inmate for a violation of facility rules and, at the same time, referring the case to the district attorney for prosecution.

In order to ensure the safety and security of the jail, an administrative decision may be made to remove a person from general housing pending the outcome of either the disciplinary process or prosecution. This typically occurs when the offense is aggravated, or if it could recur or incite other misconduct if the individual remains in that housing area. Pre-discipline housing is an administrative option intended to ensure the safety and security of inmates, staff and/or the facility. It removes the person from the environment where the incident occurred, preventing a continuation of that behavior and discourages others to follow along. This does not pre-judge the outcome of the disciplinary hearing, as movement is not a disciplinary action. When an inmate is placed in lockdown status pending a hearing, completion of the hearing within the required timelines assumes greater significance.

This regulation has two important time restrictions that are intended to ensure an inmate has the opportunity to respond to the disciplinary charge and that the matter is not unnecessarily delayed. First, the inmate has the right to have 24 hours to prepare a defense to the disciplinary action. The inmate may waive this preparation period and the waiver should be documented. The 24-hour clock begins after the report has been submitted to the discipline officer and the inmate has received a notice that they are subject to discipline for their conduct.

Once the inmate has received a notice that he/she is charged with a disciplinary violation, the violation must be acted on within 72 hours. Completion of the disciplinary process may take longer than 72 hours depending on the complexity of issues, the need for more information or the shift schedule of the facility. The 72-hour reference does not mean the investigation and findings must be completed within 72 hours of the report being delivered to the disciplinary officer and the inmate, only that the process be under way within that time period. A timely resolution within the time parameters should be the norm, not the exception.

**1082. Forms of Discipline.**

**The degree of punitive actions taken by the disciplinary officer shall be directly related to the severity of the rule infraction. Acceptable forms of discipline shall consist of, but not be limited to, the following.**

- **(a) Loss of privileges.**
- **(b) Extra work detail.**
- **(c) short term lockdown for less than 24 hours.**
- **(d) Removal from work details.**
- **(e) Forfeiture of "good time" credits earned under Penal Code Section 4019.**
- **(f) Forfeiture of "work time" credits earned under Penal Code Section 4019.**
- **(g) Disciplinary isolation.**
- **(h) Disciplinary isolation diet.**

**Guideline:** In order for discipline to be effective, there must be a correlation between the severity of an infraction and the severity of the punishment. Consistency is important and can become problematic when the decision on punishment rests with various officers located at one or more facilities. To establish both fairness and consistency, jail managers frequently develop a policy that includes specific penalties or a range of penalties for various rule violations. Staff

who detect a violation and prepares the documentation for follow-up should not recommend a penalty to the hearing officer/disciplinary committee. This can set up a situation where superiors may be tempted to "back" their staff and involved staff may feel let down if their recommendations are not followed.

Removal from a program such as work furlough **(Penal Code Section 1208)** can be either an administrative decision as described in the previous regulation **(Section 1081, Plan for Inmate Discipline)**, or a disciplinary decision covered by this regulation. Managers are not required to continue inmates on programs if their behavior or inability to follow the rules makes them ineligible. Removal should not be arbitrary but for good cause, with an opportunity to respond to that action.

The type of punishment imposed in accordance with this regulation is a management decision that will vary between systems depending on the perceived severity of the issues; what has proved effective in controlling inappropriate behavior in the past or the logistics of implementation. Loss of good time and work time, for example, may be effective sanctions, but not practical in a crowded system. Additionally, extra work details may not be practical based on the level of security in the facility.

**1083. Limitations on Disciplinary Actions.**

**The Penal Code and the State Constitution expressly prohibit all cruel or unusual punishment. Additionally, there shall be the following limitations.**

**(a) If an inmate is on disciplinary isolation status for 30 consecutive days there shall be a review by the facility manager before the disciplinary isolation status is continued. This review shall include a consultation with health care staff. Such reviews shall continue at least every fifteen days thereafter until the disciplinary status has ended.**

**(b) The disciplinary isolation cells or cell shall have the minimum furnishings and space specified in title 24, 470A.2.6 and 2.7. Occupants shall be issued clothing and bedding as specified in Articles 12 and 13 of these regulations and shall not be deprived of them through any portion of the day except that those inmates who engage in the destruction of bedding or clothing may be deprived of such articles. The decision to deprive inmates of such articles of clothing and bedding shall be reviewed by the facility manager or designee during each 24 hour period.**

**(c) Penal Code section 4019.5 expressly prohibits the delegation of authority to any inmate or group of inmates to exercise the right of punishment over any other inmate or group of inmates.**

**(d) In no case shall a safety cell, as specified in title 24, 470A.2.5, or any restraint device be used for disciplinary purposes.**

**(e) No inmate may be deprived of the implements necessary to maintain an acceptable level of personal hygiene as specified in Section 1265 of these regulations.**

**(f) Food shall not be withheld as a disciplinary measure.**

**(g) The disciplinary isolation diet described in Section 1247 of these regulations shall only be utilized for major violations of institutional rules.**

**(1) In addition to the provisions of Section 1247, the facility manager shall approve the initial placement on the disciplinary isolation diet and ensure that medical staff is notified.**

**(2) In consultation with medical care staff, the facility manager shall approve any continuation on that diet every 72 hours after the initial placement.**

**(h) Correspondence privileges shall not be withheld except in cases where the inmate has violated correspondence regulations, in which case correspondence may be suspended for no longer than 72 hours, without the review and approval of the facility manager.**

**(i) In no case shall access to courts and legal counsel be suspended as a disciplinary measure.**

**Guideline:** There must be policy and procedure on the use of disciplinary isolation, as defined in **Section 1006, Definitions**. This regulation requires that the articles of basic necessity are provided to all inmates except those who indicate by their behavior, that they will destroy such articles or harm themselves with them. At no time may a safety cell **(Section 1055)** or any restraint device **(Section 1058)** be used for discipline.

Though incarcerated, all inmates retain certain constitutionally guaranteed rights; these cannot be taken away. Among those constitutional rights is access to the courts and counsel. Discipline may include the loss of general visitation privileges for a specified period of time, but it must not include a prohibition against seeing one's attorney. An inmate's mail privileges can be suspended for up to 72 hours for violation of correspondence regulations; however, that sanction cannot be applied to correspondence with the courts, any member of the state bar, holder of public office or the Corrections Standards Authority.

This regulation describes authorization to use the disciplinary isolation diet **(Section 1247, Disciplinary Isolation Diet)**. The facility manager must initially approve its use for any inmate and notify medical staff of this decision. If an inmate is on a prescribed therapeutic-medical diet, **Section 1247** also requires that a physician approve the initial placement on the diet. In consultation with medical staff, the facility manager must approve continuation of the diet every 72 hours (after the initial approval). The facility manager, in consultation with the responsible physician, must establish policies and procedures for health care staff to monitor inmates who are on the disciplinary isolation diet and advise the facility manager of any clinical or psychological concerns.

One of the benefits of extending privileges to inmates as an incentive for good behavior is that they create more options for a progressive discipline system. The more privileges an inmate has, the more there is to lose if misbehavior occurs. An inmate with nothing to lose may have no reason to conform to facility rules.

**1084. Disciplinary Records.**

**Penal Code section 4019.5 requires the keeping of a record of all disciplinary infractions and punishment administered therefore. This requirement may be satisfied by retaining copies of rule violation reports and report of the disposition of each.**

**Guideline:** A standardized form for rule violations will facilitate investigations and provide necessary documentation of violations. The form should cover all essential information relating to the incident, including, but not limited to: the persons involved; the time and location of the incident; witnesses; injuries; and any damage to property.

Disciplinary reports and written statements of actions taken can provide the facility administrator with an overview of how the jail is functioning. Moreover, a review of disciplinary actions can help an administrator gauge tensions and assess the atmosphere of the facility, as well as monitor the performance of the disciplinary officer and all jail staff relative to administering facility rules and procedures. The facility administrator should review, or have the jail manager review, all disciplinary actions.

## ARTICLE 8. MINORS IN JAILS

### 1100. Purpose.

**The purpose of this article is to establish minimum standards for local adult detention facilities, types II and III, in which minors are lawfully detained.**

**Unless otherwise specified in statute or these regulations, minors lawfully held in local adult detention facilities shall be subject to the regulations and statutes governing those facilities found in Minimum Standards for Local Detention Facilities, Title 15, Division 1, Chapter 1, Subchapter 4, Section 1000 et seq. and Title 24, Part 1, Section 13-102, and Part 2, Section 470A, California Code of Regulations.**

**An existing jail built in accordance with construction standards in effect at the time of construction and approved for the detention of minors by the Board shall be considered as being in compliance with the provisions of this article unless the condition of the structure is determined by the Board to be dangerous to life, health or welfare of minors.**

**Guideline:** This regulation specifies that minors detained in Type II and III facilities are subject to all of the regulations in Title 15, California Code of Regulations, *Minimum Standards for Local Detention Facilities,* unless otherwise specified. The regulations contained in **Article 8, Minors in Jails,** are to be complied with *in addition* to those regulations found in Articles 1-7.

Minors awaiting prosecution or sentencing are usually confined in Type II jails. In a limited number of cases, a person under 18 may be convicted of a crime and sentenced to a Type III facility. This would be rare, because state law **(Section 208 of the Welfare and Institutions Code [WIC])** requiring separation of minors from adults in such facilities would still apply, and most existing facilities do not have the capability to provide such separation. **Section 208 (c) WIC** also permits participation by minors in work furlough programs, supervised treatment programs and supervised group therapy; but again, separate housing is required.

Under California statute, a minor is defined as a person under 18 years of age. **Sections 207.1 (b) and 207.6 WIC** provide for the confinement of minors in adult jails under specified conditions. In order to be admitted to and lawfully detained in an adult jail, a minor must have been determined by the juvenile court to be unfit for juvenile court proceedings and ordered transferred to adult criminal court for prosecution. The minor may be remanded to the custody of the sheriff and be housed in a facility that meets statutory requirements for separation from adults.

According to federal law, a minor under the age of 18 who has been remanded to the adult court is considered an adult; as a result, federal law does not require separation between such minors and adult prisoners. California law is more restrictive than federal law in this regard; such

individuals are considered minors in California and therefore, separation must be maintained in jails.

**1101. Restrictions on Contact with Adult Prisoners.**

**The facility administrator shall establish policies and procedures which ensure that contact between detained minors and adults confined in the facility shall be restricted as follows:**

**(a) verbal, non-verbal, or visual communication between minors and adult prisoners shall not be allowed;**

**(b) situations in which a minor and an adult prisoner may be in the same room, area or corridor are limited to:**

**(1) booking;**

**(2) awaiting visiting or sick call;**

**(3) inmate workers present while performing work necessary for the operation of the facility, such as meal service and janitorial services;**

**(4) movement of prisoners in custody within the facility.**

**When an adult prisoner, including an inmate worker, is present, facility staff trained in the supervision of inmates shall maintain a constant side by side presence with either the minor or the adult to assure there are no communications between the minor and the adult.**

**(c) the above restrictions do not apply to minors who are participating in supervised program activities pursuant to Section 208 (c) of the Welfare and Institutions Code.**

**Guideline:** The basis of the prohibition on contact between adults and minors is described in **WIC Section 208(a)** and the **Juvenile Justice and Delinquency Prevention Act (JJDPA) of 2002**. This section deems it unlawful to allow any person under 18 years of age who is detained in or sentenced to a jail to come into or remain in contact with adults in any institution where adults are confined.

"Contact" is defined in **Section 1006** as, "communications, whether visual or verbal, or immediate physical presence." Hand signs, written messages and bodily gestures are examples of non-verbal or visual communication. Placing a minor in the same cell with an adult, even if there were no communications, is prohibited. It is important to note that a minor overhearing an adult inmate speaking, such as when an adult inmate calls for correctional staff, is not prohibited. This is considered "ambient noise," not communication.

Situations in which minors and adult prisoners may come into contact are identified in **Section (b)** of this regulation. This section specifies that a minor who is lawfully detained in a jail might be in the "incidental" physical presence of an adult prisoner, and the facility would still be in compliance with statutes and regulations. In all occasions where this incidental presence occurs, facility staff trained in the supervision of inmates shall maintain constant side-by-side presence with either the minor or the adult to prevent communications by either person.

Most of the situations listed in this regulation are self-explanatory; however, the term "booking" requires additional discussion. "Booking" is a generic term to describe the intake process for an individual who has been recently arrested or transferred into a detention facility. The exception which allows minors to be booked at a jail occurs when a minor is transferred to the jail pursuant

to a finding by the juvenile court that a minor committed an offense enumerated in **707.01 WIC** and is transferred to the adult court in accordance with Section **207.1 WIC**. This exception does not extend to circumstances where a minor is in temporary custody (fresh arrest) for an offense under **602 WIC**. **WIC Section 207.1 (j)** discusses those situations in which a minor under arrest may be brought into a jail.

**Section (c)** addresses exceptions to restrictions on contact delineated in **Section 208(c) WIC,** which allows minors to come into contact with adult inmates while participating in supervised programs including group therapy, supervised treatment activities, work furlough programs, and hospital recreation activities.

Although it is essential to restrict a minor's contact with adult inmates, jail administrators should consider alternative programming options for minors in adult jails in order to alleviate unnecessary isolation of minors. Oftentimes, there is only one minor in an adult jail system, which inevitably leads to segregated housing and limited access to jail programs aside from academics and physical recreation. Classification provides an opportunity for exploring programming options for minors in jails. While ensuring that contact does not occur, minors in adult jails should be able to reasonably enjoy the same privileges as adult prisoners.

In all cases, the minor's living arrangements must be strictly segregated, and all precautions must be made to prevent unauthorized contact.

**1102. Classification.**

**The facility administrator shall develop and implement a written plan designed to provide for the safety of staff and minors held at the facility. The plan shall include the following:**

- **(a) a procedure for receiving and transmitting information regarding minors who present a risk or hazard to self or others while confined at the facility, and the segregation of such minors to the extent possible within the limits of the facility.**
- **(b) a procedure to provide care for any minor who appears to be in need of or who requests medical, mental health, or developmental disability treatment. Written procedures shall be established by the responsible health administrator in cooperation with the facility administrator.**
- **(c) a suicide prevention program designed to identify, monitor, and provide treatment to those minors who present a suicide risk.**
- **(d) provide that minors be housed separately from adults and not be allowed to come or remain in contact with adults except as provided in Sections 208(c) of the Welfare and Institutions Code.**

**Guideline:** Minors in a Type II or III jail should be classified according to the facility's existing classification system, with added emphasis on the issues contained in this regulation. This regulation is not intended to supersede **Title 15, Section 1050, Classification** (see guidelines for Section 1050). Rather, this regulation adds emphasis on suicide risks and medical/mental health treatment for minors in jails. A facility's classification system must separate minors from adults and highlight the enhanced risks that minors face when detained in an adult jail.

Minors tend to be more suicide prone than adults. It is generally held that such acts occur out of

feelings of isolation, humiliation, parental deprivation, depression and lack of self-worth. These feelings, which are much more likely to be prevalent among youth held in detention facilities, may accompany or be masked by negative or hostile attitudes and acting out behavior, sometimes of violent proportion. Some general commonalities of suicide are that a person is almost always alone; it usually occurs either early in the detention experience or after some significant event (such as sentencing or a family visit); it tends to happen at night or at other times when supervision is minimal; and it is more likely to occur in a detention facility as opposed to a treatment facility. A facility administrator, in cooperation with the local health authority, should give high priority to a suicide prevention program that includes, at a minimum, screening and identification, close supervision and the availability of crisis mental health care and ongoing counseling. Please refer to **Section 1219, Suicide Prevention Program** for further discussion.

All medical, mental health, dental and related services provided to adult inmates in accordance with the adult standards must also be available to minors. However, necessary health services for minors, especially those 14 and 15 years of age, may differ somewhat from those for adults. If minors are detained in an adult jail, the facility administrator should coordinate with the appropriate health authority in establishing procedures and protocols for addressing any special or unique health care needs of minors. If a minor appears to be in need of any health care services, complains of not feeling well, or specifically requests such services, the facility must have the ability and resources to respond in a timely manner.

While ensuring that contact between minors and adult inmates does not occur, facility administrators should allow minors to enjoy some of the same programming privileges that adults in jail have available. Programming options may help to alleviate isolation of a single minor in jail. Please refer to **Section 208 (c) WIC** and the guidelines for **Section 1101** for further discussion.

**1103. Release Procedures.**

**Facility staff shall notify the parents or guardians prior to the release of a minor. The minor's personal clothing and valuables shall be returned to the minor, parents or guardian, upon the minor's release or consent.**

**Guideline:** When a minor is released from a jail, adult standards and practices will normally apply. In addition to these procedures, jail staff will need to contact the parent(s) or guardian(s) of the minor and allow them reasonable time to arrive at the facility. This provision does not apply to minors who have been emancipated by a court determination. The minor's clothing and valuables shall be given to the minor upon release or given to a parent or guardian, with the minor's consent, at any time during detention. This regulation does not apply to clothing or valuables lawfully taken from the minor as evidence.

**1104. Supervision of Minors.**

**The facility administrator shall develop and implement policy and procedures that provide for:**

**(a) continuous around-the-clock supervision of minors with assurance that staff can hear and respond; and,**

**(b) safety checks of minors no less than every 30 minutes on an irregular schedule. These safety checks shall include the direct visual observation of movement and/or skin. Safety checks shall not be replaced, but may be supplemented by, an audio/visual electronic surveillance system designed to detect overt, aggressive, or assaultive behavior and to summon aid in emergencies. All safety checks shall be documented.**

**Guideline:** The adult standards related to the number of personnel and the supervision of adult inmates **(Section 1027, Number of Personnel)** also apply to minors held in jails. This standard is an enhancement of the adult regulations and recognizes the need to provide closer supervision of minors in this environment. Minors incarcerated in jails usually pose an increased possibility of self-destructive behavior. Recognizing this, in addition to increased diligence on the part of jail staff, more frequent "safety checks" than those afforded the adult general population is required.

**Subsection (a)** describes the requirement to provide "continuous around-the-clock" supervision of minors in jails. This can be accomplished by either direct supervision or by stationing correctional staff within hearing distance of minors and may be supplemented with "sound or inmate actuated" audio monitoring devices. This **continuous** supervision shall only apply to those times between the safety checks provided for in **Subsection (b).**

Safety checks for minors must occur no less than every 30 minutes (vs. 60 minutes for adult inmates). These checks should be made on an irregular basis to decrease the likelihood that the minors will anticipate the exact time of the checks. Other variables such as the minor's demeanor and/or emotional state, physical location of the minor, or time of day may dictate that safety checks occur more frequently. Ultimately, jail managers who require more frequent checks of minors in their facility may reduce their exposure to litigation. The more frequently staff observe minors, the more opportunity there is to supervise and intervene if necessary. Safety checks may be conducted more frequently than the 30-minute timeframe, and may be recorded anytime jail staff observes the minor. For example, safety checks may occur when staff is distributing meals, clothing, bedding or mail, and any other time staff is in the position to assess the well being of the minor. Every safety check must be documented.

There is a slight difference between the definitions of "direct visual observation" for adults and juveniles. In the juvenile regulations, direct visual observation requires that staff sees a minor's "movement and/or skin" while performing a check. The definition of direct visual observation in the adult regulations does not include this provision. While the intent of the definitions is identical, a higher standard of staff observing movement and/or skin of a minor shall be incorporated into safety checks to ensure the safety of minors. All safety checks must be through the eyes of staff and not through the lens of a camera or audio device.

In direct or indirect continuous supervision jails where minors are in dayrooms much of the time, and where staff is continuously present, it may not be necessary to have a specific log to document the regular checks of minors. An appropriate general log, activity log, shift log or control room log that assures that staff were continuously at their post will suffice. However, if a minor is locked in his/her individual cell, staff must conduct appropriate safety checks and document results.

Credibility of safety check documentation is critical, especially if litigation ensues. Jail supervisors should frequently review any forms used for documenting safety checks (two to three times a shift). All notations should reflect the exact time the check occurs in a format that prohibits the ability to alter the document. The use of a bound log with all entries in ink usually will suffice. It is not recommended to use pencil to record safety checks or use correction fluid to alter safety checks documented in error. A single cross out of the erroneous entry will suffice.

**1105. Recreation Programs**

**The facility administrator shall develop written policies and procedures to provide a recreation program that shall protect the welfare of minors and other inmates, recognize facility security needs and:**

**(a) comply with minimum jail standards, for minors who are 16 years or older; and,**

**(b) assure that minors under the age of 16 are provided with at least one hour of exercise and constructive leisure time activity each day, not including unstructured activities such as watching television. Exercise and constructive leisure time activity means an activity in an area designated for recreation and includes sports, games and physical exercise.**

**Guideline:** Recreation and exercise for minors takes on added importance primarily because of the continuing developmental needs of adolescents. When a minor under 16 years of age is detained in an adult jail, provision must be made for exercise and recreation on a scheduled basis **at least one hour per day**. Such activity shall consist of the opportunity for large muscle exercise in an area specifically designed for such purpose. An exercise area usually available to adults may be used, as long as such use is at a time when no adult inmates are present. Daily exercise is not only important for youth development purposes but also helps in maintaining a positive environment in the custody setting. Detained minors are often immature, unstable and volatile, especially those transferred to jails. The opportunity for release of energy and hostility that exercise provides, and the time outside the room or cell, is likely to have a positive and calming effect on minors. Consistent with the security of the facility and safety of staff and minors, group or team recreational activities should be encouraged when possible.

Minors who are over 16 years of age must be provided at least the same opportunity for exercise and recreation as adult inmates in the facility. Since these minors tend to be more physically mature, their exercise and recreation needs relate more closely to those for adults than for minors who are 14 or 15 years old. This is supported by the fact that high schools used to require physical education all four years but now require it only in the first two years. The factors resulting in a minor's detention in a jail vs. a juvenile facility, where comprehensive recreation programs are available, may be an indication that he/she is unresponsive to such services. Access to minimally required exercise and recreation for such minors must not be withheld unless there is a compelling safety or security concern affirmed by a supervisory person. Even under these circumstances, the minor should be returned to such activity as soon as possible and encouraged to take full advantage of such opportunities. Whenever possible, opportunities for exercise and recreation should be outside or in an open-air portion of the facility.

In addition to exercise and recreation as prescribed by minimum standards, minors should be provided dayroom or other out of cell time for reading, television viewing, table games and other leisure time pursuits. Such activity should be scheduled at least one hour per day or more if

consistent with safety and security needs and resources available to the facility. Such activities should be viewed as a supplement to, not a replacement for, exercise and recreation. An effective and well-equipped exercise and recreation program for minors detained in adult jails can be a positive behavior control strategy. It can also provide a venue for constructive interaction and relationships with staff and other minors. If positively utilized, it has a strong potential in reducing suicide attempts. Exercise and recreation for inmates in jails has been subject to extensive litigation and a well-conceived and managed program for minors in these facilities would likely reduce such litigation in the future.

**1106. Disciplinary Procedures.**

**Nothing in this regulation shall prevent the administrator from removing a detained minor from the general population or program for reasons of the minor's mental or physical health; or under any circumstances in which the safety of the minor, other inmates, staff, the program or community is endangered, pending a disciplinary action or review.**

- **(a) Minors requiring disciplinary confinement shall be housed only in living areas designated for the detention of minors.**
- **(b) Permitted forms of discipline include:**
  - **(1) loss of privileges; and,**
  - **(2) disciplinary confinement.**
- **(c) Access to visitation and recreation shall be restricted only after a second level review by a supervisor or manager, and shall not extend beyond five days without subsequent review.**
- **(d) A status review shall be conducted for those minors placed in disciplinary confinement no less than every 24 hours.**
- **(e) Prohibited forms of discipline include:**
  - **(1) discipline that does not fit the violation;**
  - **(2) corporal punishment;**
  - **(3) inmate imposed discipline;**
  - **(4) placement in safety cells;**
  - **(5) deprivation of food; and,**
  - **(6) the adult disciplinary diet.**

**Guideline:** The plan for inmate discipline in the adult standards **(see Sections 1080 and 1081, Title 15)** also applies to minors detained in jails. These standards assure that a minor will be knowledgeable of the facility's rules and what is expected of him or her, include the concept of the least severe action commensurate with the behavior and safety or security of the facility, and provide due process protections in the event that formal disciplinary action is taken. The inmate grievance procedure described in **Section 1073** is also applicable. Guidelines related to these sections should also be reviewed.

Minors on disciplinary confinement status cannot be placed in administrative segregation or disciplinary housing units in which adults are confined, unless one particular area or cell has been designated and approved for minors. Minors who are confined to a room or cell as a disciplinary measure must be detained in the area set aside for minors. Use of the term "disciplinary confinement" as opposed to "disciplinary isolation" is purposeful. While safety, security and order must be primary considerations and facility rules must be obeyed, care must

be taken in deciding when and how to discipline minors. Sometimes problem behavior is exacerbated with strict isolation. The suicide risk in isolation and the mental state of the minor must also be considered. Frequent safety checks at irregular intervals must be made and documented. Counseling should be provided, and the minor should return to regular program status at the earliest possible time.

The only other form of discipline permitted for minors in jail is loss of privileges, which include commissary, personal correspondence, television viewing, and services and activities that exceed those required by minimum standards. Access to visitation and recreation can be restricted in severe cases and must receive a second level of authorization by a supervisor or manager. Minors in disciplinary confinement must have such status reviewed by a supervisor or manager at not more than 24 hour intervals, and the reasons for continuing the confinement must be explained to the minor and documented in an operations log and the minor's individual record. Access to visitation and recreation is not to be withheld longer than five calendar days without due cause, which must also be documented. Loss of privileges is also limited to five days, absent a compelling need to extend beyond that point.

Disciplinary action must be commensurate with the nature, frequency and severity of the unacceptable behavior. It is important that the minor understands the circumstances of the behavior and the appropriateness of the discipline for that behavior. Overreaction and excessive sanctions tend to make a bad situation worse. Appropriate judgment and fairness by facility staff are essential. Conversely, discipline must be swift and certain. Minors must know the limits and the consequences for exceeding those limits. Unevenness or inconsistency in the administration of discipline is problematic. An effective and just disciplinary process, fairly and consistently applied, is a critical component in the operation of a safe and secure jail.

Placing minors on the adult disciplinary isolation diet is not permitted. Discipline that is not commensurate with behavior, corporal punishment, deprivation of food, and denial of personal hygiene needs are also prohibited. A minor shall never be placed in a safety cell as a form of discipline.

**1120. Education Program for Minors in Jails.**

**Whenever a minor is held in a Type II or III facility, the facility administrator shall coordinate with the County Department of Education or County Superintendent of Schools to provide education programs as required by Section 48200 of the Education Code.**

**Guideline:** The California Constitution and related statutes require that education be provided to persons under 18 years of age unless they have graduated from high school or achieved an equivalency, such as the GED, or voluntarily withdraw or are excluded in accordance with Education Code provisions (please see **Education Code Section 48200)**. The County Superintendent of Schools is the appropriate authority to determine what access to education programs a minor is entitled to and to determine, in cooperation with the facility administrator, how best to provide required education services consistent with the resources and limitations of the facility.

The best course of action for facility administrators is to contact the County Department of Education or Superintendent of Schools as soon as possible after the minor's admission to the facility to coordinate the continuation of education.

**1121. Health Education for Minors in Jails**

**The health administrator for each jail, in cooperation with the facility administrator and the local health officer, shall develop written policies and procedures to assure that age- and sex-appropriate health education and disease prevention programs are offered to minors.**

**The education program shall be updated as necessary to address current health priorities and meet the needs of the confined population.**

**Guideline:** One step in the process of preparing minors to assume responsible and healthful lifestyles is to equip them with accurate information on health issues. Despite any appearance of experience and sophistication that minors may convey, they are frequently misinformed about many aspects of personal health and the risk factors for disease.

This regulation requires facility administrators to work with their local health officer in developing a program of regular health education when a juvenile is held in their facility. The local health department should be viewed as a resource to assist in planning a curriculum that is age and culturally appropriate and reflects locally identified health priorities. In addition, the health educator associated with the health department may be able to provide classes in the jail. It may also be useful to contact the administrator of the local juvenile detention facility for guidance in this area.

Facilities can be creative in finding effective and cost-efficient methods for delivering health education services. The State Department of Social Services administers Temporary Aid to Needy Families (TANF) funds, which can be expended for health education programs. Health education can be incorporated into the regular school curriculum, offered in the form of audio or video materials, or provided by some other means that meets the needs of the confined population. For example, some facilities have utilized food services personnel to address the subjects of nutrition and obesity.

Recommended subject areas for inclusion in a health education program include, but are not limited to:

1. chemical dependency, including tobacco use;
2. sexually transmitted diseases;
3. sexuality, including methods of birth control;
4. prenatal and parenting skills;
5. nutrition;
6. exercise;
7. oral hygiene; and
8. mental health and suicide prevention.

Regardless of the method of delivering health education, it is recommended that each facility maintain a record of classes, including the overall plan for what will be offered.

**1122. Reproductive Information and Services for Minors in Jails.**

**The health administrator, in cooperation with the facility administrator, shall develop written policies and procedures to assure that reproductive health services are available to both male and female minors in jails.**

**Such services shall include but not be limited to those prescribed by Welfare and Institutions Code Sections 220, 221 and 222 and Health and Safety Code Section 123450.**

**Guideline**: Jail administrators must develop policies and procedures to address reproductive services for detained minors. The extent of such services will depend on the length of confinement and eligibility criteria for the facility. In any case, all facilities must meet statutory requirements having to do with access to reproductive services.[10]

Procedures must provide for the continuation of any contraceptive method that a minor has established prior to admission into the jail. There is a high liability to facilities when a pregnancy occurs following release of a minor whose contraceptive method has not been continued during his/her incarceration.

Pregnancy testing should be readily available. When a pregnancy is diagnosed, the full range of options for treatment that are available in the community must be offered. These generally include prenatal care, adoption, and therapeutic abortion services. Special considerations include requirements for parental consent in the case of a requested abortion **(Health and Safety Code, Section 123400)**.

Health care staff should be sensitive to the possibility of child abuse in the case of a diagnosed pregnancy or sexually transmitted disease. While the presence of one of these conditions in a minor is not sufficient to confirm sexual exploitation, additional information may lead to identification of reportable child abuse that calls for certain interventions.

Other facility policies and procedures should take pregnancy issues into account. One example is the safe use of restraint devices during pregnancy. Some facilities prohibit waist or ankle chains during advanced pregnancy, and allow only for the use of handcuffs in front of the body in order to limit the possibility of abdominal injury in the event of a fall. It is also important to provide for appropriate prenatal diets, including the provision of snacks to assure an adequate frequency of food intake **(Section 1462, Therapeutic Diets)**.

In the open community, minors have access to family planning services without a requirement for parental consent. These services should be similarly available to detained minors. Whenever possible, attention should be given to addressing contraceptive concerns sufficiently far in advance to establish a method that will be fully effective at the time of release. **Section 221 WIC** requires all facilities that hold juveniles to offer family planning services to each female minor at least 60 days prior to a scheduled release date.

In addition to offering specific services, jails holding minors should consider inclusion of education concerning reproductive health. Topics to consider include the following: nutritional issues, breast feeding, parenting, sexually transmitted diseases, and personal responsibility in

[10]Welfare and Institutions Code, Sections 220, 221 and 222; and Health and Safety Code, Section 25958.

reproduction. Whenever appropriate, boys should be included in all aspects of reproductive education and programs.

**1123. Health Appraisals/Medical Examinations for Minors in Jails.**

**When a minor is held in a jail, the health administrator, in cooperation with the facility administrator, shall develop policy and procedures to assure that a health appraisal/medical examination:**

**(a) is received from the sending facility at or prior to the time of transfer; and**

**(b) is reviewed by designated health care staff at the receiving facility; or,**

**(c) absent a previous appraisal/examination or receipt of the record, a health appraisal/medical examination, as outlined in *Minimum Standards for Juvenile Facilities*, Section 1432, Health Appraisals/Medical Examinations is completed on the minor within 96 hours of admission.**

**Guideline:** Most minors who are transferred to a jail have been in a juvenile facility for at least 96 hours and have already received their 96-hour health appraisal/medical examination as required by **Section 1432(c)** of the ***Minimum Standards for Juvenile Facilities***. This regulation requires jail administrators and health administrators to ensure that a minor is being transferred with the appropriate medical information or, in the event this does not occur, to ensure that a health appraisal/medical examination is completed.

The health appraisal/medical examination is a systematic approach for evaluating the health care needs of minors, regardless of whether they have requested attention. The regulation calls for completion of the evaluation within 96 hours of arrival at the facility. The timeframe is <u>not</u> modified due to weekends, holidays, or other factors.

The health appraisal/medical examination must be conducted in privacy, limited only by significant security considerations. At a minimum, the following must be included:

1. Health history, including review of the intake health screening, history of illnesses, operations, injuries, medications, allergies, immunizations, systems review, exposure to communicable diseases, family health history, habits (e.g., tobacco, alcohol and other drugs), developmental history (e.g., school, home, and peer relations), sexual activity, contraceptive methods, reproductive history, physical and sexual abuse, neglect, history of mental illness, self-injury and suicidal ideation.

2. Physical examination, including temperature, height, weight, pulse, blood pressure, appearance, gait, head and neck, a preliminary dental and visual acuity screening, gross hearing test, lymph nodes, chest and cardiovascular, breasts, abdomen, genital (pelvic and rectal examination with verbal consent, if clinically indicated), musculoskeletal, and neurologic.

3. Laboratory and diagnostic testing, including tuberculosis testing, pap smears and testing for sexually transmitted diseases for sexually active minors. Other testing should be provided as clinically indicated, including pregnancy testing, urinalysis, hemoglobin or hematocrit.

4. Immunizations shall be verified and, within two weeks of the health appraisal/medical examination, a program shall be started to bring the minor's immunizations up-to-date in accordance with current public health guidelines.

For further discussion of health appraisals/medical examinations, please refer to **Section 1432, Health Appraisals/Medical Examinations** in the ***Minimum Standards for Juvenile Facilities*.**

**1124. Prostheses and Orthopedic Devices for Minors in Jails.**

**The health administrator, in cooperation with the facility administrator and the responsible physician shall develop written policy and procedures regarding the provision, retention and removal of medical and dental prostheses, including eyeglasses and hearing aids for minors in jail.**

**(a) Prostheses shall be provided when the health of the minor in the jail would otherwise be adversely affected, as determined by the responsible physician.**

**(b) Procedures for retention and removal of prostheses shall comply with the requirements of Penal Code Section 2656.**

**Guideline:** This regulation requires that prostheses be provided if the treating physician determines that the health of the minor would otherwise be adversely affected. The regulation establishes greater requirements for minors in jails than for adults. It also requires that **Penal Code, Section 2656** be followed with respect to retention and removal of prostheses. Prostheses may not be removed unless there is probable cause to believe that they present risk of bodily harm to someone in the facility or threaten facility security. They must be returned to the minor when the risk no longer exists.

Prostheses are artificial devices to replace missing body parts or to compensate for defective bodily function. Prostheses are distinguished from slings, crutches, or other similar assistive devices. Care should be taken so as not to place minors in a situation where prostheses may be used as weapons. Inappropriate removal of some devices (e.g., artificial limbs, etc.) can result in injury to the minor.

**Penal Code, Section 2656** relates specifically to adult inmates. While there is no comparable statute specifically for juveniles, those requirements are incorporated by regulation (with clarifying language concerning dental prostheses, eyeglasses and hearing aids) because the same principles are applicable to juveniles and likely to be upheld in any challenge. The law is very specific. It states that if the facility manager:

> "…has probable cause to believe possession of such orthopedic or prosthetic appliance constitutes an immediate risk of bodily harm to any person in the facility or threatens the security of the facility, such appliance may be removed.
>
> If such appliance is removed, the prisoner shall be deprived of such appliance only during such time as the facts which constitute probable cause for its removal continue to exist; if such facts cease to exist, then the person in charge of the facility shall return such appliance to the prisoner.
>
> When such appliance is removed, the prisoner shall be examined by a physician within 24 hours after such removal."

Facilities cannot deprive minors of these devices without a security or safety reason. Policies and procedures should discuss the security parameters that might constitute cause for withholding such an appliance, for how long, and with what recourse. How individuals with artificial limbs and other prostheses are to be accommodated in the facility should also be addressed.

This regulation includes dental prostheses, eyeglasses and hearing aids among the types of prostheses that must be provided to the minor if prescribed by the treating physician. It should be noted that "eyeglasses" typically include contact lenses. It is anticipated that policies related to provision of prostheses would parallel what would be done under a similar circumstance in the community and also consider the minor's length of stay in a facility. Minors who are expected to remain in the facility for several months may reasonably have different requirements than minors who will be released back to the community in a matter of days.

**1125. Psychotropic Medications for Minors in Jail.**

**The health administrator/responsible physician, in cooperation with the mental health director and the facility administrator, shall develop written policies and procedures governing the use of voluntary and involuntary psychotropic medications for minors.**

- **(a) These policies and procedures shall include, but not be limited to:**
  - **(1) protocols for physicians' written and verbal orders for psychotropic medications in dosages appropriate to the minor's need;**
  - **(2) requirements that verbal orders be entered in the minor's health record and signed by a physician within 72 hours;**
  - **(3) the length of time voluntary and involuntary medications may be ordered and administered before re-evaluation by a physician;**
  - **(4) provision that minors who are on psychotropic medications prescribed in the community are continued on their medications pending re-evaluation and further determination by a physician;**
  - **(5) provision that the necessity for continuation on psychotropic medications is addressed in pre-release planning and prior to transfer to another facility or program; and,**
  - **(6) provision for regular clinical/administrative review of utilization patterns for all psychotropic medications, including every emergency situation.**
- **(b) Psychotropic medications shall not be administered to a minor absent an emergency unless informed consent has been given by the parent/guardian or the court.**
  - **(1) Minors shall be informed of the expected benefits, potential side effects and alternatives to psychotropic medications.**
  - **(2) Absent an emergency, minors may refuse treatment.**
- **(c) Minors found by a physician to be a danger to themselves or others by reason of a mental disorder may be involuntarily given psychotropic medication immediately necessary for the preservation of life or the prevention of serious bodily harm, and when there is insufficient time to obtain consent from the parent, guardian, or court before the threatened harm would occur. It is not necessary for harm to take place or become unavoidable prior to initiating treatment.**
- **(d) Administration of psychotropic medication is not allowed for disciplinary reasons.**

**Guideline:** The responsible physician, in cooperation with the mental health director and facility administrator, must develop policy and procedures governing the use of psychotropic medications for minors in jails. The involvement of the mental health director is essential for obtaining specialized expertise during policy development. Involving all key administrators helps to assure that there is consensus among clinical departments and facility administration, all of whom are involved in implementation.

A wide variety of drugs are now considered "psychotropic medications." The defining feature is the purpose for which the medication is given. For this standard, psychotropic medications are those drugs whose purpose is to have an effect on the central nervous system to impact behavior or psychiatric symptoms. These drugs include anti-psychotic, antidepressant, lithium carbonate, anxiolytic drugs, and anti-convulsants or any other medication when used to treat a psychiatric condition.

Because child and adolescent psychiatry are specialized areas of clinical practice, and because poor prescribing patterns can result in adverse physical and social consequences for minors, it is important to utilize clinical staff that adheres to recognized and accepted guidelines for use of psychotropic medications. Examples include those published by the American Academy of Pediatrics or the American Academy of Child and Adolescent Psychiatry. While a physician should order psychotropic medications, that physician may not necessarily be specialized in psychiatry. However, at a minimum, the facility should utilize a physician who is knowledgeable in the diagnosis and treatment of mental disorders, with additional understanding of their applications in child and adolescent patients. In general, psychotropic medications should be used only for those conditions known to be responsive to such treatment. These medications are never to be used as punishment or for simple restraint of undesired behavior.

Voluntary treatment of minors requires the informed consent of the parent (or entity with equivalent authority). Since the minor also has the right of refusal of any non-emergency care, he/she must also be agreeable to treatment. When minors in jails are prescribed a psychotropic medication, they shall be advised of the potential benefits, potential side effects, and alternatives.

Consistent with the philosophy described under ***Minimum Standards for Juvenile Facilities***, **Section 1413, Individualized Treatment Plans**, the mere fact that minors take psychotropic medications should not automatically exclude them from participation in facility programs. Such minors should be allowed to participate unless the physician orders a restriction based on specific rationale.

Only in the case of an emergency can a minor be treated with psychotropic drugs on an involuntary basis. Such situations are limited to those in which there is an urgent threat of serious bodily harm or death and it is not practical to seek consent. Because the administration of involuntary medications is a situation fraught with risks of overuse and/or adverse physical effects, this approach should be carefully monitored and reviewed for appropriateness. Consideration should be given to transfer of minors in need of such extreme measures to a licensed treatment facility, as discussed above under ***Minimum Standards for Juvenile Facilities***, **Section 1437, Mental Health Service and Transfer to a Treatment Facility**. Long acting "depot" formulations of psychotropic medications are not considered appropriate for emergency treatment. Minors should be observed carefully following administration of a

psychotropic medication to monitor changes in behavior and respond to any unanticipated reactions to the medication.

When a minor who takes a psychotropic medication is transferred to another juvenile facility, it is important to assure that arrangements are made for timely continuation of the medication. All too often, lapses in communication during the transfer process result in the discontinuation of the medication and the subsequent decompensation of the minor's condition. This may lead to disruptive behavior that is misinterpreted, with disciplinary action rather than treatment, being applied.

In addition to the considerations above, policy and procedures should address timeframes for re-evaluating patients prior to renewal of medications, training staff on the adverse effects of psychotropic medications, and procedures for arranging for discharge medications and follow-up at the time of release.

## ARTICLE 9. MINORS IN CUSTODY IN A LAW ENFORCEMENT FACILITY

### 1140. Purpose

**The purpose of this article is to establish minimum standards for law enforcement facilities in which minors are securely detained or held in non-secure custody.**

**Unless otherwise specified in statute or these regulations, minors lawfully held in local adult detention facilities shall be subject to the regulations and statutes governing those facilities found in Title 15, Division 1, Chapter 1, Subchapter 4, Section 1000 et seq. and Title 24, Part 1, Section 13-102, and Part 2, Section 470A, California Code of Regulations.**

**Guideline:** This regulation specifies that minors held in temporary custody in a law enforcement facility/lockup are subject to all of the regulations applicable to such facilities contained in Title 15, California Code of Regulations, *Minimum Standards for Local Detention Facilities,* unless otherwise specified. For the purposes of this section, a law enforcement facility (station, sub-station, detention facility) that contains a secure room or enclosure used primarily for the temporary detention of adult arrestees is a "lockup." The "secure room or enclosure" may consist of a pre or post 1978 local detention facility (jail) or a lockable interview room. The regulations contained in **Article 9, Minors in Temporary Holding Facilities** are to be complied with *in addition* to those regulations found in Articles 1-7. Article 9 relates to minors who are accused of violating a law defined as a crime and who have been taken into temporary custody by law enforcement officers pursuant to **Section 602, Welfare and Institutions Code (WIC)**. **Section 207.1(d) WIC** sets the criteria that must be met if a minor is to be held in temporary custody in a law enforcement facility that contains a lockup.

### 1141. Minors Arrested for Law Violations.

**Any minor taken into temporary custody by a peace officer, on the basis that they are a person described by Section 602 of the Welfare and Institutions Code, may be held in secure detention or non-secure custody within a law enforcement facility that contains a lockup for adults provided that the standards set forth in these regulations are met.**

**Guideline: Section 207.1(d) WIC** sets the criteria that must be met if a minor is to be held in temporary custody in a law enforcement facility that contains a lockup. This section goes on to provide that such minors may only be held in these facilities if all the conditions contained in these regulations are met. Complying with these regulations will provide assurance to the law enforcement staff that they are meeting applicable federal and state statutes. As previously mentioned, these regulations apply only to those minors who are in temporary custody for a criminal offense under **602 WIC**.

**1142. Written Policies and Procedures.**

**The facility administrator shall develop written policies and procedures concerning minors being held in temporary custody which shall address:**

**(a) suicide risk and prevention;**
**(b) use of restraints;**
**(c) emergency medical assistance and services; and,**
**(d) prohibiting use of discipline.**

**Guideline:** A policy and procedures manual expresses the management philosophy of an agency as well as the approved operation of facility practices. Not only does the manual specify what gets accomplished and how, it also explains why. It is, as much as anything else, the statement of practice and accountability because it describes the basic elements of each step in operating the facility.

**Title 15, Section 1029** describes the minimum elements that must be included in the policy and procedures manual required for all types of adult detention facilities. Other applicable elements may be found throughout the remainder of **Titles 15 and 24**. At a minimum, the same policy and procedures manual needs to address subsections (a) through (d), as well as remaining applicable sections found in this article. The facility administrator should consider a separate indexed section to the manual which addressees "minor specific issues," including the requirements in this regulation. For further discussion on these subjects, please refer to the guidelines for the corresponding regulations: **Section 1029, Policy and Procedures Manual**; **Section 1219, Suicide Prevention Program**; **Section 1058, Use of Restraints**; **Section 1208, Access to Treatment**; and **Section 1081, Plan for Inmate Discipline**.

Suicide is a leading cause of death among minors. Minors who have been arrested for a criminal offense are particularly at risk. Consequently, the facility administrator needs to develop policies and procedures for educating staff in recognizing symptoms or signs that a minor may exhibit indicating that he/she is an immediate suicide risk. Once identified, these procedures should clearly guide staff in assuring the well being of the minor while in custody. Additionally, this information needs to be provided to whoever receives the custody of the minor, whether it is a parent, guardian or juvenile detention facility. Finally, "universal precautions" with respect to suicide prevention should be used for all minors who are in temporary custody.

The use of restraints is a complex issue, fraught with liability to the agency and posing potential injury for the minor. There is a distinction between the use of force and the use of restraints. The use of force is an immediate means of overcoming resistance to control the threat of imminent harm to self or others while the use of restraints is a more sustained, prolonged intervention. Force is a custody/law enforcement function; application of restraints for more

prolonged periods of time requires greater emphasis on medical concerns and involvement of medical staff. Handcuffing a minor, whether behind his/her back or to a fixed object such as a bench or chair, is a force issue. Placing a minor in a restraint chair, leg wrap, four point restraints or 'hog-tying' (which is strongly discouraged and prohibited in juvenile regulations-see ***Minimum Standards for Juvenile Facilities*** **Section 1358, Use of Physical Restraints**) falls under use of restraints.

Placing a minor in restraints is a serious issue that should only occur under the most extreme of circumstances. If an agency feels that this may ever happen, protocols for management clearance and medical/mental health involvement need to occur as described in **Section 1058, Use of Restraints**. Additionally, the guidelines for **Section 1058** should also be consulted prior to developing the agency's policies and procedures. At a minimum, if an agency elects never to use restraints, there needs to be some discussion on how a mentally disordered minor who is exhibiting out of control behavior would be handled. Usually, agencies state that such a minor would be immediately transferred to the appropriate juvenile facility or hospital.

Emergency medical care also needs to be addressed in the agency's manual; specifically, where this care will occur, how the consent will be obtained, and how the minor will be handled once care is received.

Appropriate discipline for minors and adult inmates who fail to follow facility rules is accepted practice in long-term facilities; however, it is entirely inappropriate for minors who are in temporary custody for six hours or less. Therefore, the policy and procedures manual needs to include a provision that specifically prohibits the use of discipline for minors in the facility.

**1143. Care of Minors in Temporary Custody.**

**(a) The following shall be made available to all minors held in temporary custody:**
- **(1) access to toilets and washing facilities;**
- **(2) one snack upon request during term of temporary custody if the minor has not eaten within the past four (4) hours or is otherwise in need of nourishment;**
- **(3) access to drinking water; and,**
- **(4) privacy during consultation with family, guardian, and/or lawyer.**

**(b) In addition to the above, minors placed in locked rooms shall be:**
- **(1) provided blankets and clothing, as necessary, to assure the comfort of the minor; and,**
- **(2) permitted to retain and wear his or her personal clothing unless the clothing is inadequate, presents a health or safety problem, or is required to be utilized as evidence of an offense.**

**Guideline:** There are access issues that equally apply to both adults and minors who are detained in law enforcement facilities. These include access to toilet and washing facilities, drinking water, adequate clothing and privacy during attorney consultations. Taking care of the basic needs of arrestees in the care and custody of law enforcement has been found by the courts to be an affirmative obligation.

In addition to these baseline responsibilities, simply by virtue of their age, minors require additional attention. Young people burn vast quantities of calories; recognizing this, and

attempting to provide a practical and realistic approach for dealing with these increased nutritional needs, this standard requires that a snack be provided to the minor upon request, and only once during the term of the temporary custody. The snack should be nutritious, but otherwise the standard does not mandate a specific food type. Many agencies elect to exceed this minimum standard by providing a snack to every minor who comes into custody for more than four hours. It is a good correctional practice to uniformly provide this snack at some point during a lengthy custody (i.e., four hours or more). If the agency elects to adopt this practice, it still must provide the snack only once and "upon request" if the minor has not eaten within the past four hours or is otherwise in need of nourishment.

**1144. Contact Between Minors and Adult Prisoners.**

**The facility administrator shall establish policies and procedures which ensure that contact between detained minors and adults confined in the facility shall be restricted as follows:**

- **(a) verbal, non-verbal, or visual communication between minors and adult prisoners shall not be allowed;**
- **(b) situations in which a minor and an adult prisoner may be in the same room, area, or corridor are limited to:**
  - **(1) booking;**
  - **(2) medical screening;**
  - **(3) inmate workers present while performing work necessary for the operation of the facility, such as meal service and janitorial services; and,**
  - **(4) movement of prisoners in custody within the facility.**

**When an adult prisoner, including an inmate worker, is present, facility staff trained in the supervision of inmates shall maintain a constant side by side presence with either the minor or the adult to assure there are no communications between the minor and the adult.**

**Guideline:** The basis of the prohibition on contact between adults and minors is described in **Section 208(a) (WIC)**. This section deems it unlawful to allow any person under 18 years of age to come into or remain in contact with adults in any institution where adults are confined.

"Contact" is defined in **Section 1006** as, "communications, whether visual or verbal, or immediate physical presence." Hand signs, written messages and bodily gestures are examples of non-verbal or visual communication. Placing a minor in the same cell with an adult, even if there were no communications, is prohibited. It is important to note that a minor overhearing an adult inmate speaking, such as when an adult inmate calls for correctional staff, is not prohibited. This is considered "ambient noise," not communication.

**Section (b)** of this regulation specifies those occasions where a minor who is lawfully detained in a law enforcement facility may be in the "incidental" physical presence of an adult prisoner, and still be in compliance with statutes and these regulations. In all occasions where this incidental presence occurs, facility staff trained in the supervision of inmates shall maintain constant side-by-side presence with either the minor or the adult to prevent communications between either person. Most of the situations listed are self-explanatory. "Booking" is a generic term used to describe the intake process for an individual who has been recently arrested or transferred into a detention facility.

**1145. Decision on Secure Detention.**

**A minor who is taken into temporary custody by a peace officer on the basis that he or she is a person described by Section 602 of the Welfare and Institutions Code may be held in secure detention in a law enforcement facility that contains a lockup for adults if the minor is 14 years of age or older and if, in the reasonable belief of the peace officer, the minor presents a serious security risk of harm to self or others, as long as all other conditions of secure detention set forth in these standards are met. Any minor in temporary custody who is less than 14 years of age, or who does not in the reasonable belief of the peace officer present a serious security risk of harm to self or others, shall not be placed in secure detention, but may be kept in non-secure custody in the facility as long as all other conditions of non-secure custody set forth in these standards are met.**

**In making the determination whether the minor presents a serious security risk of harm to self or others, the officer may take into account the following factors:**

- **(a) age, maturity, and delinquent history of the minor;**
- **(b) severity of the offense(s) for which the minor was taken into custody;**
- **(c) minor's behavior, including the degree to which the minor appears to be cooperative or non-cooperative;**
- **(d) the availability of staff to provide adequate supervision or protection of the minor; and,**
- **(e) the age, type, and number of other individuals who are detained in the facility.**

**Guideline: Section 207.1 (d) WIC** specifies that, in order for a minor to be placed in secure detention (i.e., a locked room/cell or handcuffed to a fixed object), the minor must be at least 14 years of age and the peace officer must have a reasonable belief that the minor presents a serious security risk of harm to self or others. While this section outlines criteria that officers may use while making the decision for secure detention, ultimately, the officer must decide whether a minor presents a valid security risk and needs to be securely detained. When secure detention occurs, circumstances must be documented which justify this decision.

Most of the factors officers may take into consideration in making their decision whether to securely detain a minor are self-explanatory. **Subsection (a)** allows age, maturity and delinquency history to influence the decision on where to detain a minor in a law enforcement facility.

**Subsection (b)** allows the severity of the offense to influence the decision for secure detention, while **subsection (c)** discusses the behavior of the minor, including his/her cooperation with law enforcement personnel. Using some of the criteria above, a 16-year-old charged with homicide who is displaying uncooperative behavior may be a candidate for secure detention, especially if the physical plant of the facility limits options.

**Subsection (d)** states that the officer may consider the availability of staff to provide adequate supervision or protection of the minor. This section is not intended to allow agencies to securely detain all minors in temporary custody based on under-staffing. Rather, this section is intended to address those rare instances when there is simply not enough staff to provide the constant personal visual supervision required for minors held in non-secure custody without

compromising the safety of the minor or staff. This subsection would only apply to those police agencies with a very limited personnel deployment, especially during non-business hours.

**Subsection (e)** is intended to address situations when the ages, type, and number of individuals detained in the facility cause a portion of the building that is normally used for the non-secure detention of minors to be used for the handling or processing of adult prisoners. In these situations, minors who are 14 years of age or older may be placed in a cell to ensure their safety and to eliminate contact with adult prisoners. Again, this section is not intended to allow agencies to securely detain all minors in temporary custody based on inadequate facilities, but is intended to address those rare instances when minors must be placed in a holding cell because of other activities occurring when they are in custody.

Staff should be empowered to make adequate decisions regarding the type of detention for a minor based upon the above criteria.

**1146. Conditions of Secure Detention.**

**While in secure detention, minors may be locked in a room or other secure enclosure, secured to a cuffing rail, or otherwise reasonably restrained as necessary to prevent escape and protect the minor and others from harm.**

**Guideline:** This section defines "secure detention" for minors in temporary custody. Minors who are held in a locked room, cell or other enclosure are securely detained. Minors who are handcuffed to a fixed object such as a bench, chair or table are likewise securely detained. On the other hand, minors who are held in an unlocked room yet are handcuffed to themselves are not securely detained.

Whenever a minor is placed into secure detention, **Section 207.1 (d)(1)(C) WIC** requires that the officer shall inform the minor of:

(1) the purpose of the secure detention,
(2) the length of time the secure detention is expected to last; and
(3) that he/she will not be held in secure detention longer than six hours.

Corrections Standards Authority staff suggests clearly outlining this requirement in the Policy and Procedures Manual previously discussed (**Section 1142**). Additionally, the agency may consider using a standardized form that includes the required language and documents the advisement. Please see the CSA website: www.csa.ca.gov for an example of this form.

**1147. Supervision of Minors Held Inside a Locked Enclosure.**

**(a) Minors shall receive adequate supervision which, at a minimum, includes:**
  **(1) constant auditory access to staff by the minor; and,**
  **(2) unscheduled safety checks of the minor by staff of the law enforcement facility, no less than every 30 minutes, which shall be documented.**
**(b) Males and females shall not be placed in the same locked room unless under constant direct visual observation by staff of the law enforcement facility.**

**Guideline:** This section applies to minors who are held in a locked cell, room or other enclosure, and describes the measures that law enforcement must take to ensure the safety of that minor.

Minors who are taken into custody by law enforcement pose a risk of self-destructive behavior. Recognizing this, constant auditory access to staff by the minor must be maintained. This access may be provided either by direct voice contact (meaning that staff remains in earshot of the minor) or use of a monitor or voice actuated "audio monitoring" device. In any event, the minor must be able to immediately contact and alert staff at any time while in secure detention.

Staff must also conduct safety checks of the minor no less than every 30 minutes. Again, staff shall not rely solely on any artificial means such as a video and/or audio device to make this check. These devices may supplement, but shall never replace, safety checks.

Documentation of safety checks is critical to protecting the facility from liability. To ensure credibility, documentation of safety checks should reflect the exact time the check was made, should be made with an ink pen, and should be periodically inspected and signed off by the watch commander or supervisor. Finally, the document should be maintained like any other important record by the law enforcement agency. In addition to the documentation discussed in this regulation, **Section 207.1 (d)(1)(F) WIC** requires that a log be maintained showing the offense and reasons for the decision to place the minor in secure detention, as well as the length of time the minor was securely detained.

Male and female minors may not be locked in the same holding cell, room or other enclosure, unless staff provides constant direct visual observation.

**1148. Supervision of Minors in Secure Detention Outside of a Locked Enclosure.**

**Minors held in secure detention outside of a locked enclosure shall not be secured to a stationary object for more than 60 minutes unless no other locked enclosure is available. A staff person from the facility shall be present at all times to assure the minor's safety while secured to a stationary object. Securing minors to a stationary object for longer than 60 minutes, and every 30 minutes thereafter, shall be approved by a supervisor. The decision for securing a minor to a stationary object for longer than 60 minutes, and every 30 minutes thereafter shall be based upon the best interests of the minor and shall be documented.**

**Guideline:** This section refers to minors who are held in secure detention while handcuffed to a fixed object such as a bench, chair or table.

Minors who require secure detention should be placed in a locked enclosure. When this is not possible due to physical plant restrictions or other exigent circumstances, the minor may be secured to a fixed object. During the entire time the minor is secured to a fixed object, he/she is considered in secure detention, and staff must be continuously present to ensure the minor's safety and prevent contact with adult inmates. Generally, this type of secure detention should not last beyond 60 minutes. When this type of secure detention must extend beyond the initial 60 minutes due to exigent circumstances, there must be a second level of review after the first 60 minutes and every 30 minutes thereafter that the minor is so detained. This review shall involve

the approval of a supervisor and documentation of the reason(s) that the minor needs continued secure detention outside of a locked enclosure longer than 60 minutes. A supervisor should also certify that a locked enclosure is not available or is not practical, and document the reasons for continued secure detention outside of a locked enclosure.

Although a locked enclosure may be available for secure detention, there may be situations where secure detention outside of a locked enclosure may be more appropriate. Staff should be extremely sensitive to this type of secure detention and seek supervisory approval prior to this type of placement. Justification for this type of secure detention should be carefully documented. As always, when a minor is restrained, staff should be familiar with signs and symptoms of distress that a minor may exhibit while immobilized.

Agencies also need to address the issue of documentation and notification requirements; see the guidelines for **Section 1147, Supervision of Minors Held in a Locked Enclosure**

**1149. Criteria for Non-secure Custody.**

**Minors held in temporary custody, who do not meet the criteria for secure detention as specified in Section 207.1(d) of the Welfare and Institutions Code, may be held in non-secure custody if a brief period of time is needed to investigate the case, facilitate release of the minor to a parent or guardian, or arrange for transfer of the minor to an appropriate juvenile facility.**

**Guideline:** This section addresses those minors who are held in temporary custody by a law enforcement agency for committing a crime **(WIC, Section 602)** but do not fit the criteria for secure detention. The brief time period referred to in this standard is no more than **six hours** except under extremely limited circumstances such as inclement weather, natural disasters, or other "acts of god" which result in the unavailability of transportation as outlined in **WIC, Section 207.1 (f)(1)(A)**. Another limited exception to the "six-hour rule" is for minors taken into custody on Catalina Island. The six-hour limit is mandated by state statute.

**1150. Supervision of Minors in Non-secure Custody.**

**Minors held in non-secure custody shall receive constant direct visual observation by staff of the law enforcement facility. Entry and release times shall be documented and made available for review. Monitoring a minor using audio, video, or other electronic devices shall never replace constant direct visual observation.**

**Guideline:** This section refers to how minors in non-secure custody will be supervised while in a law enforcement facility. It is preferable to supervise the minor in the same room, although there is a limited amount of latitude allowed with this standard. For example, law enforcement staff seated outside an interview room can maintain direct visual observation of the minor seated inside the room by continuously observing the minor from behind a window or through an open door. The key is that staff must *directly and constantly observe* the minor during the entire non-secure custody period. Video or audio monitoring may *supplement*, but never replace, constant direct visual supervision.

While being non-securely detained, a minor's movements are much less restricted than if he/she were securely detained in a locked enclosure or handcuffed to a stationary object. Continuous direct visual observation allows staff to directly observe any unusual or self-destructive behavior that a minor may exhibit while being detained, while also ensuring that the minor remains in custody until they may be safely released to a parent or juvenile hall.

When considering the difference between secure and non-secure detention, it is helpful to think about the layout of the area where the minor is being held. If the minor could reasonably leave an area and exit the facility, the minor is most likely in non-secure detention. Even if a minor is not locked in a cell or room, if the minor could not reasonably exit the facility (because of a locked perimeter), they may be in secure detention. Additionally, minors may be brought into a law enforcement facility handcuffed and remain in non-secure detention, but once handcuffs are attached to a stationary object, they are in secure detention (see **Section 1148, Supervision of Minors in Secure Detention Outside of a Locked Enclosure)**.

**1151. Intoxicated and Substance Abusing Minors in a Lockup.**

**Any minor who displays outward signs of intoxication, or who is known or suspected to have ingested any substance that could result in a medical emergency, shall be medically cleared prior to reception at a facility.**

**Supervision of minors who have been cleared to enter the facility shall include safety checks no less than every 15 minutes until resolution of the intoxicated state. These safety checks shall be documented, with actual time of occurrence recorded.**

**Guideline:** This regulation is intended to prevent in-custody deaths of minors due to alcohol poisoning or drug overdoses. The regulation specifically requires that a medical clearance be obtained before bringing a minor who appears to be under the influence of, or who is believed to have ingested, alcohol or other intoxicating substances, into a police facility.

Minors who are arrested while intoxicated, or who have ingested an intoxicating substance, are at risk for serious medical consequences, including death. Examples include acute alcohol poisoning, seizures and cardiac complications from cocaine, and markedly disordered behavior related to amphetamines or hallucinogenic drugs.

The regulation requires that a medical clearance be obtained prior to acceptance into a facility whenever the minor displays outward signs of intoxication or is known or suspected to have ingested any substance that could result in a medical emergency. Important examples of the latter include a history of sequestering balloons containing drugs in a body cavity, or minors who may have ingested large quantities of drugs immediately prior to arrest in order to eliminate evidence. These minors may initially appear normal, but their condition can rapidly deteriorate.

The determination of the level of intoxication and other substance ingestion concerns will need to be made by the arresting officer *before* bringing the minor to a police facility. Law enforcement officers have wide and substantial experience recognizing the symptoms of intoxication and are expected to differentiate between a minor who is at risk and needs this medical clearance, and one who has ingested a small amount of an intoxicant. Clearly, minors who are intoxicated to the extent that they are unable to care for themselves would need a medical clearance; however, other minors who have not reached this level may also require a

clearance. Consideration must be given to the length of time since the minors were known or suspected to have ingested the substance.

When in doubt, the officer should obtain a clearance, particularly if the minor is being transported to a facility without medical staff available on-site. The minor's presenting symptoms, not the amount of alcohol consumption, should guide the decision for a clearance. Examples of symptoms pointing to a medical clearance include, but are not limited to:

1. drowsiness and/or confusion;
2. body tremors or shakes;
3. a described history of diabetes or an identification document indicating diabetes;
4. apparent injuries;
5. the minor does not know who or where he/she is and/or the date, time;
6. eyes involuntarily shift back and forth rapidly (horizontal gaze nystagmus);
7. eyes are bloodshot, watery or glassy;
8. poor coordination, staggering and/or swaying;
9. belligerent/combative and/or other self-destructive behaviors are observed;
10. speech is incoherent or slurred;
11. strong odor of alcohol or other intoxicant;
12. vomiting; and/or
13. breathing/respiration is altered.

A medical clearance will most likely be obtained through a local hospital emergency department. While some emergency departments may choose to observe the minor until he/she is no longer intoxicated, more often than not, the department will discharge the minor to the custody of the arresting officer. When this occurs, a written medical clearance is essential for the detention facility's liability protection, even though it should be recognized that medical clearance is not an absolute guarantee that problems will not occur. Medical facilities that provide clearance examinations should be familiar with the extent of on-site health services at a police facility in order to best determine when intoxicated minors can be safely monitored there.

Once accepted into the facility, a safe setting for the minor to recover under observation must be determined. Adult facilities (i.e., lockups) are required to hold minors in a "sobering cell" if, after getting the medical clearance, their level of intoxication is still at a point where they are a danger to themselves or others due to their state of intoxication. Policy and procedures must designate the housing options for these minors, including any protective locations for observation. Documented personal observation by staff must be conducted at least every fifteen (15) minutes. If the minor remains in non-secure custody and constant direct observation is conducted, documented observations at 15-minute intervals must still be made. Many facilities opt for more frequent observation, especially during the first few hours. When it is clear that recovery is progressing, the intensity of observation may relax slightly, but shall remain at 15-minute intervals until the minor is determined to no longer be intoxicated. This should also be documented. Although camera monitoring may be a useful adjunct, it cannot be used as a substitute for direct observation, through which ease of breathing, level of consciousness, and other critically important criteria can be assessed.

Policy and procedures must address when and how medical referral and treatment will be rendered to minors whose state of intoxication or withdrawal requires more than observation.

Examples include symptomatic heroin withdrawal, with special consideration if the minor is pregnant; amphetamine-induced psychosis; stimulant drug intoxication with neurological or cardiovascular complications; and alcohol withdrawal syndrome.

## ARTICLE 10. MINORS IN COURT HOLDING FACILITIES

### 1160. Purpose.

**The purpose of this article is to establish minimum standards for court holding facilities in which minors are held pending appearance in juvenile or criminal court.**

**Unless otherwise specified in statute or these regulations, minors held in court holding facilities shall be subject to the regulations and statutes governing those facilities found in Title 15, Division 1, Chapter 1, Subchapter 4, Section 1000 et seq. and Title 24, Part I, Section 13-102, and Part 2, Section 470A, California Code of Regulations.**

**Guideline:** This regulation specifies that minors held in temporary custody in court holding facilities are subject to all of the regulations applicable to such facilities as contained in Title 15, California Code of Regulations, ***Minimum Standards for Local Detention Facilities***, unless otherwise specified. The regulations contained in **Article 10, Minors in Court Holding Facilities** are to be complied with *in addition* to those regulations found in Articles 1-7.

### 1161. Conditions of Detention.

**Court holding facilities shall be designed to provide the following:**

**(a) Separation of minors from adults in accordance with Section 208 of the Welfare and Institutions Code.**

**(b) Segregation of minors in accordance with an established classification plan.**

**(c) Secure non-public access, movement within and egress. If the same entrance/exit is used by both minors and adults, movements shall be scheduled in such a manner that there is no opportunity for contact.**

**An existing court holding facility built in accordance with construction standards at the time of construction shall be considered as being in compliance with this article unless the condition of the structure is determined by the appropriate authority to be dangerous to life, health, or welfare of minors. Upon notification of noncompliance with this section, the facility administrator shall develop and submit a plan for corrective action to the Board of Corrections within 90 days.**

**Guideline:** The **JJDPA** and **WIC Section 208** make it unlawful for a minor to come or remain in contact with adult prisoners in any facility where adults are confined. Such restrictions would apply to a court holding facility administered by a sheriff's or probation department, marshal's office or other public or private agency having responsibility for such facilities.

"Contact" is defined in **Section 1006, Definitions** as "communications, whether visual or verbal, or immediate physical presence." Hand signs, written messages and bodily gestures are examples of non-verbal or visual communication. Placing a minor directly next to an adult, even if there were no communications, is also prohibited. It is important to note that a minor overhearing an adult prisoner speaking, such as when an inmate calls for a correctional staff, is not prohibited. This is considered "ambient noise" not communications.

Care should be taken to provide for segregation of minors in accordance with an established classification plan. The nature and scope of a classification plan appropriate for a court holding facility is described in **Section 1163** of this article. Minors who are co-offenders, from rival gangs, have physical or mental limitations, have a potential for violence, need protective custody, or may otherwise present some special need or concern should be housed and supervised in such a manner as to minimize risk of harm. The effective exchange of critical information, as described in **Section 1163, Classification,** would provide the knowledge needed to make appropriate arrangements and take precautions commensurate with the availability of resources and limitations of the facility.

Access to and movement within court holding facilities that detain both minors and adults should be managed to avoid using ingress/egress and passageways for both populations at the same time. The facility administrator(s) should develop and implement precautions that would prevent contact between minors and adults from occurring. In a situation where contact is possible, both the minor(s) and adult(s) should be accompanied by and be under direct supervision of custody staff.

**1162. Supervision of Minors.**

**A sufficient number of personnel shall be employed in each facility to permit unscheduled safety checks of all minors at least twice every 30 minutes, and to ensure the implementation and operation of the activities required by these regulations. There shall be a written plan that includes the documentation of safety checks.**

**Guideline:** There is no established ratio of staff to minors that must be maintained in a court holding facility. At a minimum, however, at least one staff must be on duty when a minor is held, and male and female staff shall be available whenever both male and female minors are detained. Staffing requirements should be determined by the facility design and the number of minors being held, as well as any special needs of minors.

This regulation requires unscheduled safety checks of minors as least twice every 30 minutes. Audio and visual surveillance may be utilized to supplement such supervision as an added safety measure and precaution, but cannot replace safety checks by custody staff. Staff must actually see each minor detained to the extent that a judgment can be made regarding the minor's general condition, welfare, behavior and demeanor, and staff must be able to respond to any situation warranting intervention and take appropriate action. Additionally, it is not sound correctional practice to rely on staff with multiple responsibilities, such as dispatchers supervising minors in court holding facilities, conducting safety checks, and responding to emergency situations.

Policy and procedures requiring the documentation of safety checks is essential. This regulation requires that safety checks of minors occur at least twice every 30 minutes, occurring at irregular intervals. This is more frequent than the adult standard and is based on the propensity of minors to display immature and volatile behavior, as well as their increased risk for suicide. Actual times and notations by staff of safety checks should be handwritten or entered into a computerized system. In the event of an investigation or litigation, it is important to remember that an undocumented or improperly documented safety check is usually deemed not to have occurred.

**1163. Classification.**

**The administrator of a court holding facility shall establish and implement a written plan designed to provide for the safety of staff and minors held at the facility. The plan shall include receiving and transmitting of information regarding minors who represent a risk or hazard to self or others while confined at the facility, and the segregation of such minors to the extent possible within the limits of the court holding facility, and for the separation of minors from any adult inmate(s) as required by Section 208 of the Welfare and Institutions Code.**

**Guideline:** The purpose of classification in a court holding facility is to ensure that important information about minors accompanies them so that staff can receive, detain and return minors safely. Court holding facilities do not require a comprehensive classification system; rather, a plan is required for transmitting information to a place where classification, segregation and special care or supervision will occur by using information conveyed to those responsible for the facility. If a minor is being held in protective custody, for example, or if minors from rival gangs are being taken to court at the same time, court holding facility staff must be aware of this information in order to avoid transporting or holding these minors inappropriately. Minors that pose a danger to staff or other minors must be handled accordingly.

The key is to develop and utilize procedures for sharing critical information. In some cases, this could require coordination between two different divisions of an agency (such as transportation and court services) or two separate agencies (such as probation and the sheriff's department or marshal's office). It is important that division chiefs or department heads, or their representatives, work together to develop, implement, monitor and update or otherwise modify a viable plan for classification.

# APPENDICES

**APPENDIX A**
**SAFETY CELL LOG**

Inmate Name:_____ Date/Time of Placement _____

| TIME | AWAKE | ASLEEP | ***OBSERVATIONS*** | STAFF |
|---|---|---|---|---|
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Every eight hours:
Fluids provided (1 quart (32 oz) fluids per 8 hour shift):

Meal Provided:_____

Watch Commander Approval:_____

Medical evaluation date/time/recommendations (within 12 hours): _____

_____

Mental Health evaluation date/time/recommendations (within 24 hours): _____

_____

**APPENDIX B**
**SOBERING CELL INMATE ASSESSMENT FORM**

**Inmate Name _____ Booking #_____**
**Date/Time admitted to sobering cell: _____ / _____**

INSTRUCTIONS: Use circles ("o") to indicate status of the inmate on initial intake. If inmate is detained for six hours, repeat observations and mark status using "X". For inmates undergoing prolonged observations, use the appropriate symbol noted in the signature section of this form.

## ODOR OF ALCOHOL

deteriorated strong weak moderate absent recovery

## SPEECH

deteriorated slurred slowed normal recovery

## ATTITUDE

deteriorated hallucinating confused belligerent cooperative recovery
difficult to awaken boisterous

## WALKING

deteriorated falling staggering unsteady slow, normal recovery
swaying deliberate

## TREMOR

deteriorated severe moderate mild absent recovery

## ORIENTATION

deteriorated unaware of location (jail/city) easily distracted but not confused able to provide booking information recovery

**Evidence of Physical Injury:** **absent present** _____
**Describe:** _____
**Does inmate have any medical complaints?** _____
_____
**Does inmate indicated that s/he takes medication regularly?**
**no yes** _____
**Request medical advice if answer to any of the above is "yes."**

***Signature/Title/Badge Number***
**Initial assessment (marked with "o's")** _____
**Six-hour assessment (marked with "x's")** _____
**Eight-hour assessment (marked with "[]'s")** _____
**Ten-hour assessment (marked with "#'s")** _____

Removed from sobering cell (date/time) _____
Disposition: released
medical evaluation (facility) _____ other _____

Signature: _____

## APPENDIX C
## SOBERING CELL CHECKS

| INMATE NAME | BOOKING NUMBER | TIME IN | TIME OUT |
|---|---|---|---|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |
| 7. | | | |
| 8. | | | |
| 9. | | | |
| 10. | | | |

### 30-MINUTE CHECKS

| TIME | OK | COMMENTS | INITIAL |
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| TIME | OK | COMMENTS | INITIAL |
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